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DETROIT MEDICAL JOURNAL

The Practitioner's Monthly

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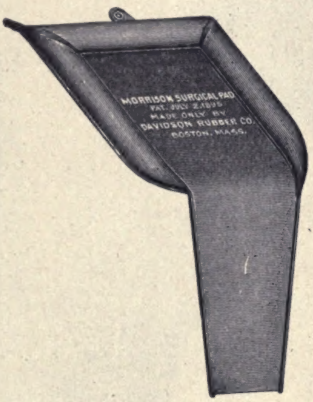

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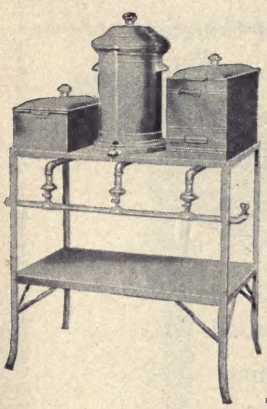

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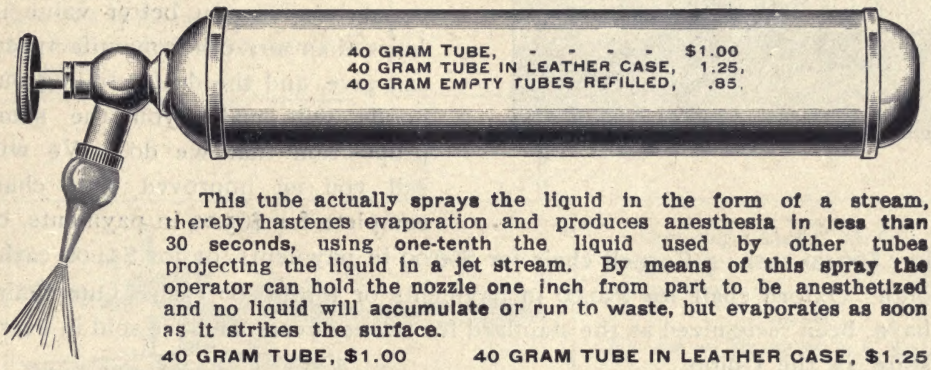

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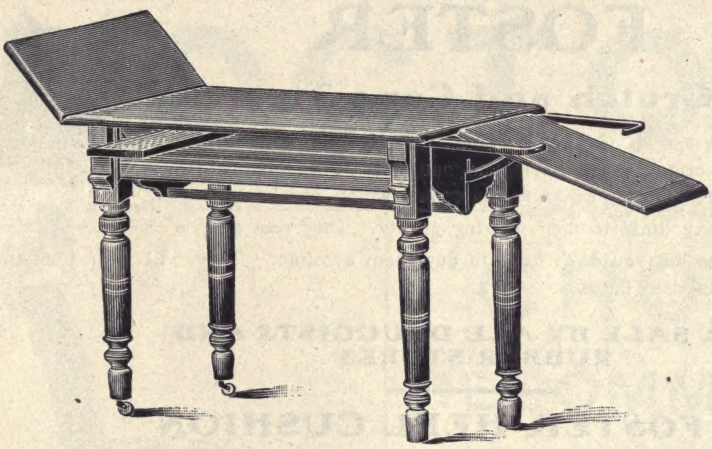

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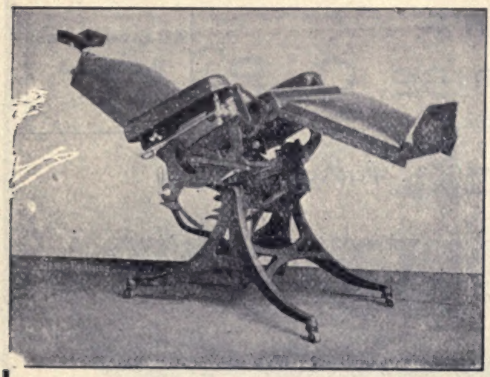

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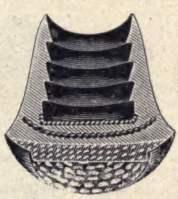

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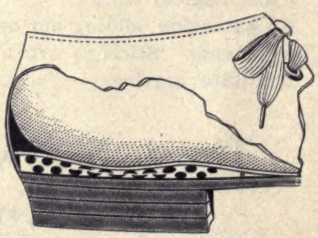

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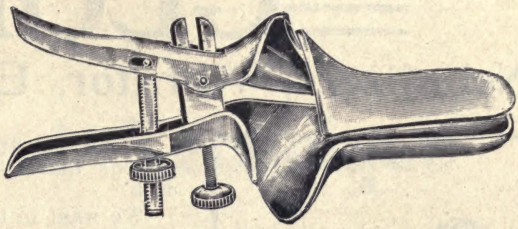

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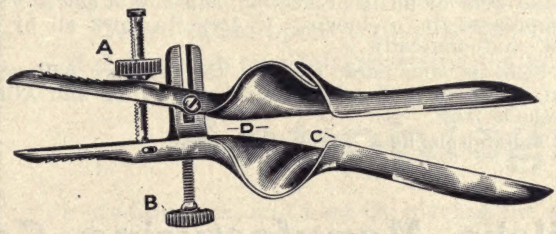

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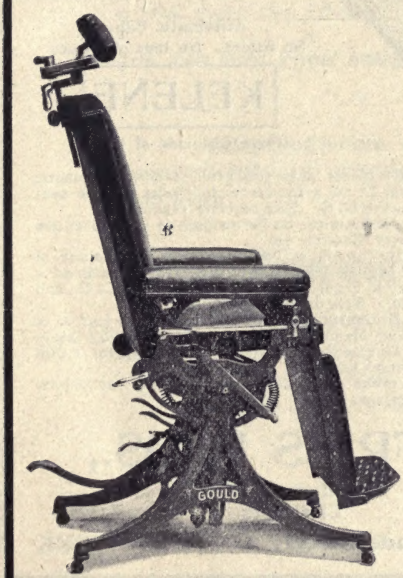

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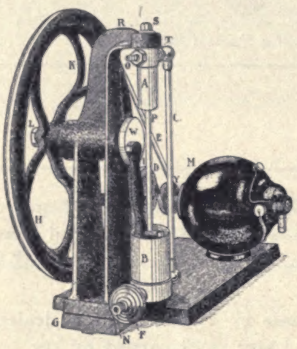

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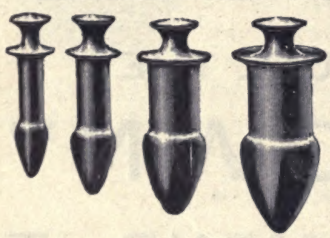

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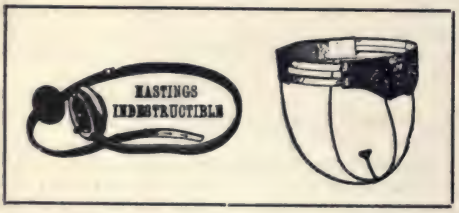

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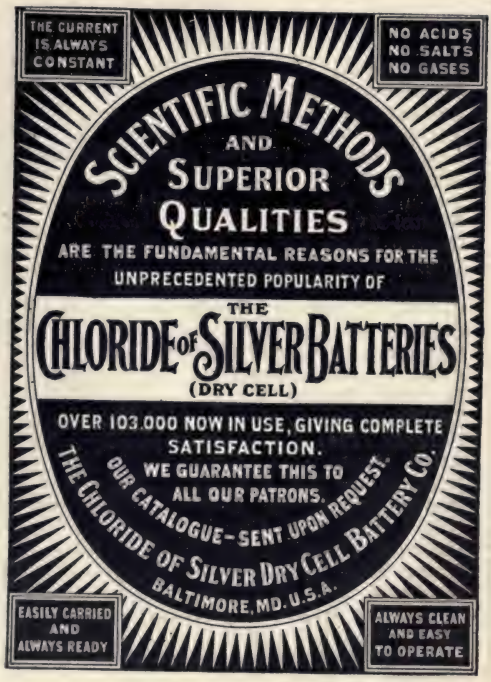
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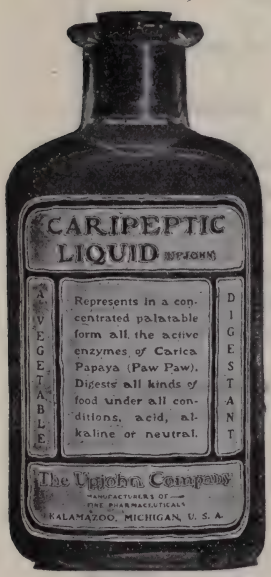
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THE DETROIT MEDICAL JOURNAL.

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SIR WILLIAM READ.

QUEEN ANNE'S (QUACK) OCULIST IN ORDINARY.

By MORTIMER FRANK, M. D., B. S.,
Chicago.

The portrait given us by Faithorne of this celebrated charlatan of Queen Anne's reign is simply an altered likeness of Thomas Betterton, the noted English actor and dramatist, and nothing more. J. Chaloner Smith gives an interesting description of this print in his work on "British Mezzotinto Portraits." The original plate was engraved by R. Williams from Sir Godfrey Kneller's painting of Betterton and subsequently altered three times. The engraving illustrating this paper is described as the last, or fourth state.

William Read began life originally as a tailor and became progressively a mountebank and an itinerant quack. He was an illiterate and ignorant man for he could neither read nor write, although he essayed to pose as the author of "A Short, But Exact Account of All the Diseases Incident to the Eyes." He visited the provincial towns about Oxford and London for a time and finally went to London in 1694. By means of a few scraps of Latin and his impudence he made the ignorant flock to him from every quarter. One of his charlatan advertisements was headed, "Post Nubila Phoebus; Nihil Absque Deo." Another is of historical interest having made its appearance after the battle of Malplaquet fought on the 11th of September, 1709: "Sir William Read, Her Majesty's Oculist, being very sensible that many of Her Majesty's soldiers must have received damage in their eyes or visive faculty, in the late bloody and unparalleled battle, thought fit to give public notice, for the benefit of all such persons, that he will constantly attend at his house in Durham Yard. Where all such persons bringing certificates from their respective officers shall be kindly received, and all due care taken in order to their speedy cure, GRATIS; as it has been his constant practice ever since the beginning of the war. NOTE—Sir William Read couches cataracts GRATIS, to all such poor people as shall be recommended to him as fit objects of charity, as the poor Palatines. (1) He hath several to couch this month and next at his house aforesaid, where he has performed about one hundred such operations since Lady-day last. And any gentleman or lady shall be welcome to see the curious operation performed." We find one of the hand-bills of this "botching tailor" in the British Museum, probably a type of one previous to his being made "Sir William." It has a large pictorial heading divided

(1) "About the beginning of June, 1709, six or seven thousand Palatines were brought into England, recommended as great objects of charity. They proved, however, both idle and useless, and having been maintained wholly at the public expense some three months, some of them were sent back to Holland, and the rest to Ireland and the American plantations."

PORTRAIT OF SIR WILLIAM READ

into compartments, the central one representing Read in the act of couching a cataract. It reads as follows:

"Oculist and Chirurgical Operator, who, after 22 years' travel and practice, hath Acquired the true Method of performing all Curable Distempers, Incident to ye Eyes, as Couching of Cataracts, Glaucomas, Suffusions, as his frequent Performances on Hundreds, in England, Scotland, and Ireland may Sufficiently Demonstrate, as well in the Universitye and City of Oxford, upon several Blind people, after many years continuance under such Distempers, and who are now (By God's Blessing) restored to their perfect sight that continue after their Couching, which is a Performance that many pretend to, but few perform like him; he does these things upon all Persons before he takes any Money, which is a Confirmation, that he is not one of the many Circumforaneous Pretenders, that Infest this Land. He also furnishes you with approved Remedies Yt preserve and strengthen Ye Sight in Young or Old, and Infallibly cures pains in the Head that very often occasion Gutta Sereras, Black Cataracts, that are never cured, but means may be used in time, that may prevent those Obsctructions in Ye Optick nerves, that occasion them, You may have faithful Advice of him whither you are Curable or not, and may be Spoken with at his Lodgings from 8 in the Morning till 6 in the Evening."

"Hee cureth Ye Poor of Blindness, Cancers, Wens, Heair Lipes, Wry Necks, and Dephness for Charity."

In his later advertisements in the Tatler, he announces, "That he had been thirty-five years in the practice of couching cataracts, taking off all sorts of wens, curing wry necks and hair-lips without blemish." He made an excellent thing out of his advertisements, and his knighthood was a mine of wealth to him. In the Spectator, No. 547, he is mentioned satirically with Richard Grant a rival quack eye-doctor and others.

London abounded with oculists, ignorant, dangerous and unscrupulous and Queen Anne's weak eyes caused her to pass from one empiric to another. As a mark of royal favor for his great services (sic) in curing great numbers of seamen and soldiers of blindness gratis, he was knighted by Queen Anne on July 27th, 1705. About the same year a poem entitled "The Oculist" appeared announcing the fact and celebrating his skill and magnanimity in fulsome terms.

"Whilst Britain's Soverign scales such worth has weighed,
And Anne herself her smiling favours paid,
That sacred hand does your fair chaplet twist,
Great Read her own entitled Oculist.
With this fair mark of honour, sir, assume
No common trophies from this shining plume;
Her favours by desert are only shared—
Her smiles are not her gift, but her reward.
Thus in your new fair plumes of Honour drest,
To hail the Royal Foundress of the feast;
When the great Anne's warm smiles this favourite raise,
'Tis not a royal grace she gives, but pays."

A few extracts from his book published in 1706 will put us in possession of all we want to know about it. The work contains chapters on:

"Some Errors Committed by the Pretended Practitioners for the Eyes."

"A Short Catalogue of Most Medicines Commonly Used for the Eyes, with the best Method of using them."

"Of Imperfect Cataracts."

"Cobweb-like Cataracts."

"The Mistake and Mismanagement of Certain Medicines pernicious to the Eyes."

"Cataracts may be too long a standing."

"Concerning Drinking in the Morning for the Eye-sight."

"Of the Temperature and Operations of most Simples used in the Diseases of the Eyes."

From the various chapters the following are selected:—

"Nothing being more common than as soon as a Patient complains of Pain, or any other Grief of the Eyes, to have recourse to all sorts of Medicines without any regard to their Vertues or the true Nature of the Disease."

"Some of them lick the Eye with their Tongues, some draw a cutting Grass through the eye, and smooth it with a gold ring; some put a lowse into the eyes, etc."

"There is especially a gross and most pernicious abuse among some pretended Practitioners, in the use of certain sharp Waters, in cases of sharp Defluctions into the Eye which causing a hollow Ulcer of the CORNEA, they mistake for a PEARL or WEB. By the use of sharp Waters, the Ulcer is not only made larger and deeper, but also oftentimes the Membranes, being corroded, the Humours issue forth and the Eye sinketh; whereas by easie, gentle, and familiar Medicines, the Pain might have been eased, the Ulcer healed, and the Eye preserved; which I have often done with such Medicines as are without any corroding Quality, but cooling, comforting, and strengthning the Eye." "Allum, Copperiss, Sandiver, Salt and such like, these used alone or mixed with other powers or Waters made with them must not be too sharp."

"GOD hath created and framed the Eyes with such extraordinary Wisdom, and endowed them with such marvelous Excellency and Beauty, that deservedly they may be judged the most perfect piece of Work which is in our Body."

"Concerning their convenience and use, they are given unto Man principally for the benefit of Sight, and to guide and direct him to the Knowledge of GOD, in beholding his fair and goodly Works, whereof we can neither have Knowledge nor give Judgment by any other Sense, but by the Eyes, and also to serve in the place of Guides and Leaders to the whole Body."

"They could not have been placed more fitly than in the highest and most eminent part of all the Body, as it were in a sublime high Tower and Station seeing they must serve as Spies and Watchmen to defend and guide all the other parts."

"According to the advice of the Old Writers, some red thing must be fastened on the Temples, or on the contrary Ear to the turning awry of the eye, that the Child may turn the eye that way, and so amend the deformed sight. In like manner the Cradle shall be set with the contrary side to the light."

Read's wealth allowed him to mix with the best literary society and Dean Swift writes to Stella, "Henley ould fain engage me to go with Steele, Rowe, etc., to an invitation at Sir William Read: surely you have heard of him; he has been a mountebank, and is the queen's oculist. He makes admirable punch and treats you in golden vessels." Swift, however, declined his invitation to dinner, having an objection to "Garnet," and a still greater objection to charlatans. He died at Rochester on the 24th of May, 1715, and the couching and cataract business was carried on with great success after his death by his wife, "the Lady Read" as she advertised herself.

31 Washington St.

THE PHARMACOPŒIA OF 1900.*

By A. B. LYONS, M. D.
Detroit.
Member of Committee of Revision of the U. S. Pharmacopoeia.

Once in ten years the U. S. Pharmacopoeia is revised and re-written. In these days a scientific book ten years old is obsolete, so rapidly do facts accumulate and theories change. At first glance the new book does not appear very different from its predecessor. It contains only a few more pages of matter, the general arrangement remaining substantially unchanged. Yet every page of the text bears evidence that the twenty-five men to whom was committed the work of revision have realized fully their responsibility to the physicians and pharmacists of America from whom they received their commission. The work should be of the highest grade, since the only reward these men receive is the satisfaction of having had a share in making the U. S. Pharmacopoeia a book above criticism.

Physicians are often disappointed to find that the Pharmacopoeia contains so little that can help them in their practice. It treats of the materia medica from the standpoint of the pharmacist, not from that of the therapeutist. It is, in fact, simply a book of authoritative standards, naming and describing the several remedies the physician may prescribe, but giving no hint of their medicinal uses. The present pharmacopoeia has introduced one new feature that may perhaps appeal to the practicing physician, viz.: doses of each official article. In my judgment, the mere statement of an average dose—not a range of dose, and not a maximum safe dose—is not what should appear in a pharmacopoeia. Few medicines are given always with reference to producing one given effect, so that any statement of a dose is incomplete unless the effect desired is specified. Only the junior (or freshman) medical student can gain any information from a bald statement of the "average" dose of each

*Read before the Detroit Academy of Medicine, Sept., 1905.

medicine. The doses given in a pharmacopoeia, it seems to me, should be rather for the guidance of the dispenser whom we hold responsible for our lapses if he puts up a poisonous dose that we have inadvertently prescribed. There should certainly be for each active drug, an authoritative statement of the maximum safe dose under ordinary conditions. The physician should know these doses and when he has occasion to prescribe larger doses, under unusual conditions, he should be required to indicate by an exclamation point or otherwise, that he writes the unusual dose intentionally, and holds himself responsible for consequences. The dispenser would then have no other course to take, if a physician prescribes an over-dose without signifying that he is aware of it, than to consult the prescriber before dispensing it. I am sorry to say that it is the physicians in America who have objected to the establishing of standard maximum doses—apparently unwilling to shoulder their share of responsibility as between prescriber and dispenser.

It is necessary, of course, that the physician acquaint himself with the changes that have been made in the U. S. Pharmacopoeia in this revision. Changes in name are not of any great consequence, although the up-to-date doctor will take pride in adhering always to the official nomenclature in prescribing—still, I for one, would not blame a man for continuing to write the obsolete Liq. Potassae—in place of the cumbersome Liq. potass. hydrox., especially as long as there was any doubt as to whether the dispensing druggist was posted on the new pharmacopoeial names. The more important changes in names are: carbolic acid to phenol, resorcin to resorcinol (but glycerol is given only as an alternative for glycerine) arsenous acid to arsenic trioxide, chromic acid to chromium trioxide, hydrates to hydroxides ("chloral" is now hydrated chloral; terpin hydrate is retained, being certainly not a hydroxide), hydrochlorates to hydrochlorides, hydrobromates to hydrobromides, hyposulphite to thiosulphate, sulphocarbolates to phenolsulphonates, valerianates to valerates, glonoin to glyceryl trinitrite (nitroglycerin being an alternative,) salol to phenyl salicylate, colchicum root to colchicum corm, rhamnus purshiana to cascara sagrada, while fluid extract is now written as one word, fluidextract. Catechu is now gambir: i. e., pale catechu (gambir) is substituted for the hitherto official catechu. It would have been better, if we had followed the example of the British Pharmacopoeia in retaining the name catechu while adopting the pale in place of the Pegu catechu. The extension of the name aloes to cover Barbadoes as well as Socotrine aloes may be here mentioned. As a matter of fact very little real Socotrine aloes has been in the market in recent years.

Physicians will look eagerly to see which of the numerous new "synthetic" remedies have been added to the official list. The number is not large and the familiar remedies will not be at once recognized under the disguise of the new names given them. Aristol is thymol iodide (short for dithymol diiodide, the chemical name) Chloralamide is chloroformamide; formin or uretone is hexamethylenamine (shortened from

hexamethylenetetramine); phenacetin is acetphenetidin (shortened from acetparaphenetidin); saccharine is benzosulphinide (for benzoyl sulphonic-imide), although in this case saccharine is retained as a synonym; sulphonal is sulphonmethane (shortened from diethylsulphonedimethylmethane); trional is the polysyllabic sulphomethylmethane (abbreviated from diethylsulphonemethylethylmethane), while urethane is simply ethyl carbamate. Antipyrine stands undisguised in spite of the temptation offered by its euphonious chemical name, phenyldimethylpyrazolon, and iodol, too, is not ashamed of its trade name, although it is tetraiodopyrrol. It is safe to say that the sesquipedalian chemical names will not commend themselves to the prescriber. I am sorry that the committee did not display more inventive genius in this particular; they did not realize as fully as the manufacturer does how much there is in a name. I am sorry, too, that the trade names familiar to physicians were excluded from the index, where they should certainly appear along with other synonyms of official names. I fail to see why the fact that they are proprietary names compels such exclusion.

There are a few other unfamiliar names that call for a word. Within the past ten years, chemists have placed on the market a number of products to replace volatile oils. The natural oils are of complex composition, their characteristic properties generally depending on a single constituent, which may be present in comparatively small proportion. Oil of wintergreen (also oil of sweet birch), consists almost wholly of methyl salicylate, a fact recognized in the Pharmacopoeia of 1890. In the new pharmacopoeia we find benzaldehyde ("synthetic" oil of bitter almonds), eugenol ("synthetic" oil of cloves), cinnaldehyde (shortened from cinnamicaldehyde, ("synthetic" oil of cinnamon), and safrol ("synthetic" oil of sassafras). Benzaldehyde is, of course, not medicinally the equivalent of the volatile oil of bitter almonds, since the latter contains prussic acid. The other "synthetic" oils have the advantage over the natural ones of greater strength and purity of flavor. I may remark, incidentally, that the name "oil of cinnamon" has been retained for what is really oil of cassia, the justification of this being found in the fact that the oil is universally known by that name, while oil of Ceylon cinnamon, although of finer flavor, is practically unknown. The case is somewhat similar to that of the name prunus virginiana, which every botanist knows is a misnomer—and yet which is retained in successive editions of the pharmacopoeia because so universally used.

Among the new officials may be mentioned the alkaloids aconitine (only the crystallized form recognized), colchicine, homatropine, hydrastine, scopolamine, and the glucoside strophanthine. The statement is made in connection with scopolamine hydrobromide, that "it is chemically identical with hyoscine hydrobromide." The facts in the case are these. Physicians have recognized hyoscine as a therapeutic agent of unique value, and have prescribed it accordingly. The alkaloid was originally procured from henbane, which yields it in very minute quantities, so that the article has been very costly. It is said that stramonium flowers contain the alkaloid in much larger quanties, and almost free

from admixture with other mydriatic alkaloids. However, this source of hyoscine has not yet been utilized. A few years ago it was found that a species of Scopola (S. atropoides) contained in large quantities an alkaloid isomeric with hyoscine—just as hyoscyamine is isomeric with atropine. Manufacturers prepared an impure hydrobromide of this alkaloid which they called scopolamine, making the claim that it was identical with hyoscine. That claim has never been investigated by scientific experts. Chemists believe that the "atroscine" which constitutes fifty per cent. or more of the commercial scopolamine, has the same relation to hyoscine that hyoscyamine has to atropine, i. e., the two are isomeric but differently constituted. It has been demonstrated that pharmacologically and therapeutically hyoscyamine is not the equivalent of atropine; it differs both qualitatively and quantitatively, being much less active. It is probable that the same will be found true with regard to atroscine and hyoscine. However, scopolamine is today almost universally substituted for the more costly hyoscine. Whether physicians have in consequence been disappointed in the effects obtained from the remedy is an interesting question. It should be settled by careful clinical experiment. Meanwhile, no authorative statement, such as that in the pharmacopoeia, should be made, or if made, allowed to stand unchallenged.

We find in the new pharmacopoeia very few new combinations of remedies, although a number of the old ones have been weeded out. There are two new official pills—a "compound laxative pill" (aloin, strychnine, belladonna and ipecac), quite as useful as the compound cathartic pill, and a second pill with the unwieldly name "pill podophyllum, belladonna and capsicum," not equally meritorious. There is a substitute for listerine—liqor antisepticus; a belated one for Pond's extract, aqua hamamelidis; one for lysol, etc.—liquor cresolis compositus; one for antiphlogistine—cataplasma kaolini, which should rather have had the emphasis put on the glycerine it contains. There is also a compound solution of sodium phosphate (about 60 grains to the fluidrachm) and a granular effervescent sodium phosphate—also a granular effervescent magnesium sulphate. There seems no especial need for a wine of coca, also added to the official list.

Important changes have been made in the strength of some galenical preparations, notably the tinctures. In the last pharmacopoeia the simple tinctures varied in strength between 5 and 40 per cent (ratio of drug to product). The largest number were either 15 or 20 per cent. The 15 per cent. corresponded approximately to the old standard of two ounces of drug to the pint; the 20 per cent. is more in harmony with the common European practice which, however, gives prominence also to a 10 per cent. standard. Three years ago an international conference of pharmacists representing nineteen nations was held in Brussels, with a view of introducing some measure of uniformity into the pharmacopoeias of the world. The variation in strength of preparations having the same name, now that migration from one country to another has become so common, has become a serious evil. The conference unanimously

agreed to recommend to the several countries represented, that in future the strength of official tinctures of the important potent remedies should be made 10 per cent. Our revision committee therefore had no choice but to fall in line. It involved in most cases a reduction of strength to two-thirds the former standard—an important change, and yet not one liable to lead to serious consequences, in case of a substitution of the old for the new tincture in a prescription. The new tinctures of cantharides, capsicum and strophanthus are double the strength of the old, so that it will be necessary for the physician and druggist to be constantly on their guard against possibilities of misunderstanding. In the case of the tinctures of aconite and veratrum (no longer veratrum viride, be it observed), the change is so great as to be fraught with the gravest danger. Personally, I exerted every effort to dissuade the committee from permitting such a change to be made. Tincture of aconite has heretofore been of the strength of 35 per cent., veratrum viride 40 per cent. I proposed that a new name—decitincture—be given to the 10 per cent. tinctures, and the suggestion found some favor. However, it is no longer a question of what might have been. The problem now is how to guard against disastrous errors. In the first place, each physician must settle the question for himself whether to fall in line—learn over again the doses of tincture of aconite (this is the important one) and prescribe henceforth on the new basis, or whether to continue for his personal convenience, to use the old tincture in the old way—assuming that druggists will continue to keep in stock the old tincture. The latter course would not be without justification. Existing medical literature knows only the old tincture—but we must remember that in England the meaning of tincture of aconite has not been the same as in America, and in a German work, the name would still have a different meaning. If we accustom ourselves to the 10 per cent. standard in prescribing, we must still in our reading keep in mind the old standard. On the other hand, if we adhere to the old standard in our practice, we must familiarize ourselves with the new dosage in order to read intelligently the medical literature of the future. On the whole, it seems to me that the physician should feel bound to accept the standard of the pharmacopoeia. The more generally this is done, the shorter will be the stage of uncertainty about the meaning of the term tincture of aconite. The important thing is never to leave any uncertainty in prescribing, as to whether or not the new tincture is meant. Write always, U. S. P., 1900, in all prescriptions in the next five years, (or else U. S. P., 1890), and there ought to be no errors. In place of U. S. P., 1890, it would probably be safer to write 35 per cent., since the dispenser might attach more importance to the "U. S. P." than to the date.

An important improvement in the new Pharmacopoeia is the great extension therein of the principle of standardization by assay of alkaloidal drugs and their galenical preparations. Hitherto, only preparations of opium, cinchona and nux vomica have been so standardized. In the new pharmacopoeia assays are provided also for aconite, belladonna, coca, colchicum, guarana, hydrastis, hyoscyamus, ipecac, physostigma,

pilocarpus, scopola and stramonium, also to all galenical preparations of these drugs. This is a most important forward movement, tending to place the prescribing of vegetable drugs on a scientific basis.

There is not time to describe in detail all the new features in the revised pharmacopoeia. The work is one for Americans to be proud of—and one which every physician should own and study.

72 Brainard Street.

A CASE OF ENDOCARDITIS, MULTIPLE ABSCESSES OF SPLEEN, INTESTINAL STENOSIS, AND HEMORRHAGIC PANCREATITIS.

By JOHANN FLINTERMANN, M. D.,
Detroit.

Mr. C. W., 50 years old. Saw him in consultation June 20th, 1904. Patient was in bed, looked pale and weak, sick since November, 1903, when on the 22nd of the month patient had a severe chill and fever, had not been well for a whole month before. Had influenza February, 1905, sick eight weeks, never recovered fully from that disease, complaining of pain in the back, a sensation of weakness. In April, 1903, after running to catch a car, had a severe attack of cardiac oppression and dyspnoea. March 20, 1904, had suddenly a pulmonary hemorrhage, expectorating bright red arterial blood, with pain in the chest. August 1st, when attempting to dance, had also an attack of cardiac oppression and dyspnoea.

Patient has been sick with fever and chills since November 24th, 1903, but attended to his work, going to his office, etc., until in April, 1904, he became so weak that he was unable to do so. Went to New York May 1st, 1904, when feverish and very weak. In New York was advised to go immediately to bed, came back to Detroit May 22nd, 1904, and has been in bed since.

June 20th, 1904, patient complains of pains in the left side, heaviness in left hypochondriac region, pain in the left shoulder. A few days before had pain in the ankle and the wrist around which part the skin showed hemorrhagic spots as large as a pin-head. There were also hemorrhagic spots in the skin covering the thenar and hypothenar surfaces of the right hand. Temperature in the morning sometimes abnormal, in the evening running up to 101°-102° and 103° F. P.=100-118, weak, compressible, sometimes dicrotic, R= not laborious. Inspection of thorax: in cardiac region a distinct heaving, also a strong pulsation in second left intercostal space near the sternum. Cardiac dulness enlarged extending as far as an inch from the right side of the sternum. Mitral sounds not clear, but no abnormal murmur, pulmonary and tricuspid sounds normal. 2nd pulmonary sound very accentuated, first aortic sound blowing and rough, second very accentuated, at the time of my first examination clear, later sometimes muffled. Under the right clavicula with the inspiration a peculiar wheezing sound, no crepitation or rales. Percussion note dull.

Abdomen distended, colon ascendens and colon transversus filled

with gas, stomach also distended. Spleen apparently enlarged not very tender at pressure. P. feels bloated, says that his left side feels as heavy as if a hundred pounds were pressing him. Never detected any crepitation pointing to perisplenitis. No appetite, tongue clean, sometimes nauseated, occasionally vomiting. Bowels constipated. Pain and heaviness in the abdomen prevents patient from sleeping.

Urine does not contain albumen. No sugar, acid, specific gr. 1.012. Passes large quantities. Patient drinks a great deal. Patient has days when he is free from these attacks of meteorism but they always come on very suddenly, apparently without any cause. These attacks of meteorism are very distressing and very painful.

From the history and the present condition the diagnosis made was: aortic stenosis, perhaps also insufficiency (due to endocarditis), embolic processes, splenic abscess (?) cutaneous hemorrhage (due to embolism or rupture of the blood vessels, the latter due to a degeneration of the walls of the blood vessels.) The attacks of sudden meteorism I thought were also due to hemorrhagic infarcts of the visceral organs. (Intestinal, etc.) I saw Mr. C. W. every day from June 26th to July 27, the day he died. During this time he had frequent attacks of meteorism, causing heavy pain and immense distress. For a short time, there was quite a good deal of albumen in the urine, microscopical examination showing numerous granular and slightly granular casts, a few hyalin casts, a moderate number of pus cells, an occasional blood corpuscle, a few small round epithelial cells, but very little sqamous epithelium. Two weeks before he died urine became normal. The frequent attacks of meteorism, during which the patient suffered from nausea, sometimes vomiting, intense pain in the left side and hypochondriac region, all matters which made him very weak and disturbed his sleep, were a source of great worry to me. I examined patient's abdomen repeatedly. Did not every time find the same condition. Sometimes I succeeded in making out the size of the enlarged spleen, at other times the distended organs (stomach colon ascendens and transversus lying over the spleen). I very often felt to the left of the naval, a few inches away from the median line and a few inches above the navel, a swelling, not tender at pressure, movable, round, hard, like cartilage. The sudden meteorism, the intense pain, nausea, vomiting and the intense shock produced by these attacks made me think of the possibility or probability of a pancreatic affection which might be due to an infarct. I sent on the 23rd of July a specimen of urine to the Clinical Laboratory, for the purpose of having made a Mayo-Robson Test. The test showed no evidence of pancreatic disturbance. On the 25th of July, at 12:30 p. m., the patient, who was very comfortably lying on the lounge upon which he had been very carefully moved by the nurse, had a sudden sharp pain in the epigastric region, causing a very intense collapse, abdomen became bloated, nausea, vomiting, pulse rapid and very weak. I saw the patient shortly after the beginning of these symptoms. He looked as if a perforation of some of the intestines had taken place. It looked to me like a case of peritonitis following perforation. Vomited in the course of the next forty-eight hours several

times large quantities of dark looking fluids, temperature becoming subnormal, scanty secretion of urine and retention. Where patient had voided large quantities of urine before the attack the quantity during the next forty-eight hours was hardly 12-16 ozs. There was quite a tenderness at the spot where I felt that enlargement.

Patient died the 27th day of July at 1:30 p. m. Post mortem was made at 4:30 p. m., the report of which shows a peculiar condition.

REPORT OF AUTOPSY.

(DR. M. BALLIN.)

General Appearance—No rigor mortis, no discoloration of skin, slight protrusion of umbilicus, skin pale, adipose tissue wasted, slight oedema in both ankles. Abdomen flat, slight protrusion in epigastrium.

Thoracic Cavity—Diaphragm, on right side opposite fifth interspace, on left side opposite fourth interspace. Both lungs collapsed, slight adhesion at left apex. Left pleura contains 12-15 ounces of a sero-sanguinolent fluid. Pericardium smooth, and contains slight amount of sero-sanguinolent fluid.

Heart—Very much enlarged, especially left side. 6x9 inches in longest diameters; muscle pale.

Right ventricle contains liquid blood, also a clot two inches long by one-half in. wide, adherent to valve, outer side bright red, inner side yellowish gray, with appearance of a pseudo-membrane. Right auricle contains a larger clot of the same character.

Endocardium shows a hemorrhagic spot one-half inch in diameter. Left heart contains no clots. Tricuspid and mitral valves smooth. Aortic valve, both leaflets thickened, ulcerated, papillomatous in appearance, covered with small vegetations

From anterior leaflet hangs a clot similar in character to those in right heart.

Aorta—Intima covered with small yellowish gray islands, showing beginning atheroma.

Lungs—Right lung—apex contains air, no consolidation, no fibrous or caseous tissue.

Left lung—apex shows fibrous scar two inches long, corresponding to adhesions mentioned above.

A few swollen bronchial glands.

Abdominal Cavity—No gas in abdomen, slight hemorrhagic effusion seen at first.

Fresh blood, about 12 ounces, down in pelvis. Omentum thin, adherent to parietal peritoneum above the sigmoid.

Stomach—Much dilated, reaching to umbilicus, nearly vertical. Pylorus embedded in adhesions.

Ascending and Transverse Colon—Much dilated to about middle portion, where it is embedded in a mass of adhesions. Thin from this point on.

Small Intestine—Collapsed. Shows nothing in particular.

Pancreas—On lifting stomach and opening anterior fold of lesser sac, we come into a cavity bounded by the stomach, the colon, and the lesser omentum, filled with blood and clots. This is found to lead to a broken down mass, the size of a hen's egg, which proves to be the tail of the pancreas. Head of pancreas normal. Pancreatitis hemorrhagica.

Spleen—As large as two fists, close adherent to the stomach and the left lobe of the liver. In separating adhesions fetid pus exudes and the whole organ is found to contain multiple abscesses. There are several cone-shaped fibrous scars showing old infarcts. Spleen measures 7x4 inches.

Appendix—Small, no adhesions.

Gall Bladder—Small, no stones, no adhesions.

Liver—Somewhat enlarged and slightly congested. Not adherent to peritoneum. Left lobe involved in adhesions with spleen, pylorus and transverse colon.

Kidneys—Left, size normal, capsule adherent, some perinephritis. On section found to be smooth and somewhat pale. Pelvis free.

Right, also shows some perinephritis, small cyst on posterior surface containing two small concretions. On section it is found more congested than left.

Endocarditis. Vegetationes valvulae aortae. Atheromatosis aortae.

Pancreatitis hemorrhagica acuta. Hemorrhage from pancreas. Multiple abscesses in spleen. Old infarcts of spleen. Peritonitis adhesiva between stomach, pancreas, colon and liver causing partial obstruction of pylorus and colon transversum.

368 Woodward Ave.

DR. METCALF'S CLINIC.

At Harper Hospital, December, 7th, 8th and 9th, 1904.

REPORT OF CASES—CONTINUED

Case XXIII. **Fecal fistula, perforating distal end of appendix. Tubercular peritonitis.** (Dec. 12th, 1904.)

Miss P., aet. 18. One maternal aunt died of tuberculosis. Patient had measles and mumps in childhood. In 1902 she had an attack of severe pain in the abdomen, attended with considerable distension. In June, 1903, she awoke in the night with nausea and vomiting, followed by pain in the abdomen, which continued until she entered Harper Hospital a week later. There had been no loss of weight. On examination I made diagnosis of tubercular peritonitis and opened the abdomen by a median incision on June 29th, 1903. I found extensive adhesions throughout the lower abdomen. The intestines were firmly adherent to the pelvic contents. All through the pelvis were pockets of pus of the consistency of buttermilk and the posterior cul-de-sac was filled with free pus. The right tube and ovary, more involved than the other organs, were removed, and the adhesions were broken up. Subsequent microscopical examination of the tissues removed left no doubt of the tubercular nature of the process.

The pelvic cavity was then lightly packed with gauze, one end of which was brought into the vagina through a free opening in the cul-de-sac. The abdominal incision was then closed. Her recovery was satisfactory and complete except for a slight faecal discharge through the lower angle of the abdominal wound. This discharge had continued and it was for the cure of the faecal fistula that she returned to the hospital on Dec. 5th. On Dec. 12th a median abdominal incision was made and the fistulous tract followed to its source. This tract was surrounded by adherent omentum and coils of intestine. There was found a cyst of the left ovary of the size of an orange and to this cyst the caecum and appendix were firmly adherent. The faecal discharge came from a perforation in the tip of the appendix vermiformis. The appendix and the left tube and ovary were removed. The peritoneal and muscular coats of the intestinal walls were necessarily torn in several places. These lacerations were repaired with catgut and the abdominal wound was closed without drainage.

The patient's highest subsequent temperature was 102.4 and highest pulse-rate was 108. The accompanying leucocytosis reached 20150. with 83. per cent. of polymorphonuclears. These inflammatory disturbances were due to infection in the abdominal wound itself, probably brought to the muscular wall from the fistulous tract or intestine during the operation. The wound has never since opened nor has there ever been any evidence of failure of the perfect closure of the bowel. Patient left the hospital January 4th in good condition and has since remained well. Was last seen during July.

Case XXIV. **Carcinoma of cervix uteri. Inoperable, except as a palliative treatment.** (Dec. 12th, 1904.)

Mrs. C., aet., 46. Admitted to Harper Hospital, Dec. 6th.

Patient's mother died of consumption and one maternal uncle of cancer. She matured at 14; menstruation was regular and normal. Married at 29; has one child, 24 years of age. She now suffers constant severe aching in top and back of head, and across the sacrum and in the thighs. There is also severe pain in the lower abdomen with a frequent desire to urinate. A constant bloody discharge, with necrotic odor, comes from the vagina. Examination showed cancer of the cervix, involving the vagina and bladder, with extension to both broad ligaments. On Dec. 12th, the necrotic tissue was removed with the curette, followed by thorough application of the Paquelin cautery. This procedure temporarily re-

lieved the pain and checked the hemorrhage. The use of Labarraque's solution, four ounces in two quarts of water, as a vaginal douche, twice daily, satisfactorily relieved the odor. The patient returned to her home in the country Dec. 21st. A letter was received from her family physician May 19th, saying that he expected her death at any moment, and it will be noted that in our summary this case is counted among the ultimate deaths.

Case XXV. **Secondary interstitial nephritis and glomerulitis, advanced perinephritis, and paranephritic abscess, following neglected perforating appendicitis.** Relief of abscess. Subsequent closure of intestinal fistulae. Improvement. Ultimate death from intercurrent endocarditis and catarrhal pneumonia, complicating the effects of prolonged sepsis. (Operations, Dec. 19, 1904, and Feb. 1, 1905.)

Miss F., aet. 16. Entered Harper Hospital Dec. 7, 1904. The maternal grandfather died of tuberculosis and paternal grandfather of sunstroke. The father and mother are living and well except that the mother has had what she supposed to be kidney trouble. Patient was born prematurely, in the seventh month, and weighed only one and one-half pounds. She was never well. At ten years of age she became so weak that she could not walk. At twelve she menstruated, but the flow was without color. As much as six years ago, she began to have attacks of pain in the appendiceal region. In May, 1903, she fell from a bicycle and said that she felt something "crack and give way" in the right side that had so long been tender and caused her pain. Since that time she has spent most of her days in bed, although sitting up for short periods every day since last August. About a year ago the pain became very severe and a large abscess formed in the right renal region. In February, this was drained through a median abdominal incision by the surgeon in attendance, and six months later the opening was enlarged, and two weeks after this second operation faecal matter began to be discharged from the wound. I first saw her when she entered the hospital to appear before this Clinic and at this time examination determined the presence of a tumor in the right renal region, the dulness over which was continuous with that of the liver above and extended to the median line of the abdomen and downward 6 cm. below a transverse line drawn through the umbilicus. Her temperature varied from 98. to 102., with pulse from 100. to 120. Free discharge of faeces still continued through the fistula in the median line about 3.8 cm. below the umbilicus. The urine contained many granular and hyaline casts, numerous pus cells and occasional erythrocytes. There was no leucocytosis; the differential count showing only 55 per cent. of polymorphonuclear cells. On the whole, her condition was such that I did not deem it wise to operate at this time. As much nourishment as could be assimilated was given and large quantities of water both by mouth and rectum. On Dec. 17th, with the Luys segregator the urines from the two kidneys were separated. Analysis of the mixed urine, drawn from the bladder by catheter before insertion of the segregator, gave the following: Urea, 2.2 per cent.; albumin, 2.5 per cent. by volume with heat, nitric acid, and the centrifuge; numerous pus cells, granular and hyaline casts, calcium oxalate crystals in abundance, and a bacillus of moderate motility and fairly abundant in the fresh specimen. Analysis of the separated urines gave, in the specimen from the right kidney, the following: Total amount of urine in 51 minutes, 0.6 c. c., which, although a small amount, was observed to flow, as is customary, in periodic emissions regularly distributed through the whole time. The urea content of the urine from this side was 0.75 per cent. There was sufficient albumin to give a distinct reaction, but the amount was much less abundant than in the specimen from the left side. The bacillus tuberculosis was sought in both specimens, but was not identified. The left urine showed the following: Total amount in 51 minutes, 35. c. c.; urea, 1.13 per cent.; some casts and pus cells. Albumin, abundant. It was evident, from these findings, that the right kidney was practically useless and the left badly impaired. It should be explained that the lessened amount of urea in the separated urines as compared with that in the mixed sample was the result of the free drinking of water just as the observations were begun; the significant comparisons are the urea-content in the two specimens and especially the wide divergence in total quantity. It is also important to note that the signs of acute renal disturbance are from the relatively normal side.

The exacerbations of pain continued so acute, and the tumor in the renal region was so pronounced, that the patient and her family urged that some measure of relief be attempted. On Dec. 19th, she was placed under ether. Before she was anaesthetized her pulse was running at about 200 and remained very high

throughout the operation, notwithstanding the administration of stimulants and the infusion of three pints of saline fluid. A free incision was made obliquely from the 12th rib at the border of the quadratus lumborum, parallel with the crest of the ilium, and 15 cm. in length. The tumor was found to consist of an inflammatory mass, densely infiltrating and firmly adherent. The capsule of the kidney was about 3. cm. in thickness and both inside and outside of this structure numerous pus-pockets were found. The perirenal tissue was honey-combed with the same. The kidney itself was markedly atrophied and compressed. Free drainage was established by the use of rubber tubing and iodoform gauze, both inside and outside the capsule. The operation, including anaesthesia and dressing, occupied forty-three minutes. The pulse was so rapid that its rate could not be estimated but she rallied and her improvement was unexpectedly rapid, and on Jan. 8th she was permitted to be taken to her home. On Jan. 12th, however, she returned to the hospital saying that she would be more comfortable there than at her home. By Jan. 18th she was able to be up in a wheel-chair. The discharge from the wound was still considerable but she was comparatively comfortable and happy. The pathological examination of the small piece of kidney tissue removed at the operation was reported from the Clinical Laboratory as follows: "Few of the tubules are intact. Between the tubules is a round-cell infiltration irregularly distributed. The glomeruli are nearly all the seat of a change probably hyaline in nature. There are no histological appearances of tuberculosis."

On January 28th the urines were again segregated, with the following results: Time of observation, 43 minutes. Right kidney, not a drop of urine obtained. Left kidney, amount of urine secreted, 31.5 c. c. Urea, 0.9 per cent. A few leucocytes, an occasional hyaline cast, and bacilli. A decided improvement is to be noted in comparison with the result of the corresponding examination of Dec. 17th.

The temperature remained practically normal from Jan. 12th to Jan. 30th. On Feb. 1st, however, it rose to 103 and the pulse to 136. There was evidently absorption of retained pus; but her reserve was only sufficient to summon a leucocyte count of 6340, with 72 per cent. of polymorphonuclears. Pus continued to discharge from the fistulous opening, but much less freely through the lumbar incision. Free drainage had again to be established and the operation for this purpose was at once performed (10:50 a. m. to 11:40 a. m.). An incision, 8. cm. in length, was made 2. cm. to the right of the fistulous opening, the centre of the incision being opposite the umbilicus. The intestine was found adherent to the abdominal wall about the fistulous tract and presented two openings, the one 2.5 cm., the other 1.5 cm. in diameter. Small pockets of pus were found among the adherent loops of intestine. These were wiped dry with gauze, the openings in the intestine repaired with celluloid silk, and the abscess-areas drained with iodoform gauze, the end of which was brought out by the partially closed incision. A rubber drainage-tube was also passed downward through this incision and brought out through the lumbar opening. Following this operation, the temperature again became normal by Feb. 10th and remained so until March 20th, except for a slight rise between Feb. 20th and 28th, attending the formation of an abscess on the thigh at the point of administration of the saline infusion. On Feb. 12th the silkworm-gut stitches were removed from the abdominal wound and the patient was in good condition. The successful closure of the fistulae was permanent as will be seen, although a faecal leakage did later appear from another apparently distinct source. About March 20th, starting from the infection in the thigh, a dermatitis spread upward over the abdomen, which gave the patient great discomfort and her temperature rose to 105. and pulse to 150. The abdominal wound, which had been closed since Feb. 12th, was again open on April 1st and began to discharge faecal matter. The tumor in the renal region, by palpation, appeared to have been entirely absorbed; and probably the contraction of this inflammatory mass had permitted another opening in the caecum to discharge. She now rapidly failed and irregular areas of dulness became manifest in the lung, and on April 8th she died.

Only a limited autopsy was permitted, but the conditions in the pleural cavity were observed through the abdominal wound by means of an opening in the diaphragm. Extensive adhesions in the pelvis bound down the uterus and its appendages, and held fast the intestinal folds. Behind the ascending colon, 10. cm. above the ileo-caecal junction, opened a fistula through its wall, about 2. cm. in diameter, which may possibly be thought of as the original opening into the bowel after the appendiceal perforation, but which had been for a time isolated by the inflammatory exudate making up the tumor mass above. The two portions of the intestinal wall repaired at the last operation were observed to be tightly closed,

the one in the ileum about 20. cm., and the other in the ascending colon 12. or 14. cm. from the ileo-caecal junction. The right kidney, contracted, lay in a dense shell of fibrous tissue. In none of the serous cavities was there an excess of fluid. In the right pleura, all about the base of the lung were tense old adhesions, some of which were attached widely and firmly to the diaphragm itself. In the corresponding lung tissue there was a moderate atalectasis. There was no extensive consolidation in either lung, but for a considerable distance near the lower border of the middle lobe of the right lung was a strip of consolidation, apparently an infarction, about 1. cm. in width and extending to a depth of 3.5 cm. Aside from this portion and the atalectatic areas about the base, the lungs contained air throughout but there was abundant inflammatory exudate. The heart was small but normal in its proportions. Its mitral valve presented two small fungoid excrescences and the heart muscle was anaemic.

The pathological examination of the tissues observed at autopsy gave the following results: In both lungs the smaller bronchi were filled with pus and the surrounding areas were extensively infiltrated. This condition was most noticeable in those parts of the lung ordinarily less thoroughly expanded by air, as the apices and the thin lower margins, but it was also the striking feature of the long narrow area of consolidation in the middle lobe above mentioned. To all these places the infection was doubtless borne by the blood stream and into the development of this latter consolidation its form and size would suggest that there may have entered an embolus of size sufficient to close a vessel of considerable size. In the microscopical section of this area there are thrombi which may easily bear this interpretation. In the heart the vegetations upon the mitral valve are found to be formed of a center of old connective tissue to which are attached a layer and shreds of recently deposited fibrin. These vegetations must be taken to show the existence of a previous attack of endocarditis, although the secondary effects were not enough apparently to disturb greatly the valvular sufficiency. However, upon the surface of the valve-curtains themselves were also the changes of a recent and active endocarditis, and from the surface of this inflamed lining membrane may have arisen the emboli which lodged in the lung and spleen. These splenic infarctions were five or six in number and from 0.5 cm. to 1.0 cm. in diameter on the surface, and extending to about the same depth. Besides these gross evidences of infection, the microscopical appearance of which made it likely that they were of recent origin, there were, along the blood-vessels of the organ, cell-groups which had arisen from the same cause. In the lymph-glands there were evidences of both the old and the recent infective activities, the capsules were thickened and stroma increased and the endothelial proliferation was marked. In the liver the older infection was more prolific of changes than the recent. The extensions of Glisson's capsule were thickened and the connective-tissue increase was marked even between the chains of hepatic cells and about the smaller bile-channels. In this last location the recent cell infiltration was fairly pronounced. The appendix vermiformis presented a mucosa with extensive interstitial increase and a relative reduction of the number of crypts. About its outer surface and in patches through the muscular coats, were areas of small-celled infiltration. The picture was that of an appendix suffering from inflammation of long standing, with probable previous suppuration. The left kidney was in a condition of moderate enlargement from the parenchymatous changes and congestion induced by the added burden of toxic elimination thrown upon it by the failure of the other kidney. There were extensive cloudy swelling of the secreting epithelium and marked engorgement of the smaller arteries. The walls of the larger blood-vessels were thickened and occasionally one showed the beginning of hyaline degeneration. The glomeruli were relatively normal and showed practically none of the hyaline change so marked in the opposite kidney. The right kidney showed few if any normal glomeruli, such as remained containing only a fragment of epithelium. The vast majority were completely obliterated by a process of thickening of the capsule of Bowman, the number of these glomeruli in a single field being greatly increased by the contraction attending the previous inflammatory deposit in the subcortical layer. This fibrous increase had encroached upon the capacity of the collecting tubules, a process observed in the ureter itself, where the lumen had been all but obliterated. The small amount of urine at the first segregation and the failure of secretion completely from this side at the second examination becomes comprehensible in the light of the changes observed upon this side.

The case, in summary, may be viewed as having begun in a neglected chronic appendicitis and having in one of its attacks reached the point of perforation and localized abscess. Even early there had been a septic endocarditis. The abscess

extended to the perirenal tissues and involved at length the capsule and the interstitial tissues of the kidney itself. By the slow proliferation and subsequent contraction of connective tissue, the right kidney was destroyed and the left kidney impaired in function by the concurrent toxaemia. Owing to the lowered resistance of the patient and relatively increasing virulence of the infecting organism, the abscess developed to the point of forming the tumor. The same process made it possible to light up the old or engraft a new infection upon the endocardium. Infecting organisms or septic emboli were then scattered through the body and the added burden of interference with the respiration, with the increased absorption, made the lung involvement probably the most important terminal event.

Case XXVI. **Extreme prolapse of the uterus. Vaginal hysterectomy.** (Entered hospital Dec. 7th, for Clinic; operation, Dec. 14th.)

Mrs. S., aet. 36. Father died at 82; mother died of dropsy at 66. Patient matured at 13; regular and normal; was always in good health until five years ago. when prolapse of uterus began to annoy her. A few months ago the organ first came down out of the vagina. Examination shows the presence of a small quantity of ascitic fluid in the abdomen. The family physician reported that the patient had tolerated large doses of iodide of potassium. The cervix and uterus now projected 11. cm. beyond the vulva. Its canal measured 15. cm.; the corpus uteri in the antero-posterior diameter measured 6.5 cm. and was the same in thickness from side to side. The whole organ was oedematous and there was such marked chronic endometritis that it was thought unlikely that any effort at replacement would give satisfactory results. The patient was in an unpromising condition and it was thought best to delay operation for a few days. Meantime she was given iodides freely and her nutrition improved. On Dec. 14th vaginal hysterectomy was performed. After the uterus and its adnexae were removed, the upper angles of the broad ligaments were brought together and stitched at the middle, and the anterior and posterior peritoneal flaps were also brought to this point, thus closing the abdominal cavity. The upper edges of the vaginal walls were then drawn up and stitched to the broad ligaments at their junction. By this means the bladder wall is satisfactorily supported. An anterior colporrhaphy and perineorrhaphy was then performed. All the wounds healed by first intention except the perineum, in which there was some suppuration and separation. That the constitutional condition was an element in this temporary failure to unite is evident from the fact that healing was markedly hastened by the administration of 100 grains of iodide of potash per diem. Patient left the hospital on Jan. 7th in good condition. The following letter, dated May 17th, was received from her physician: "Mrs. S.'s condition is greatly improved . She has a very slight rectocele. She has no ascitic fluid and she still takes potass. iodid., gr. xl, t. i. d. She suffers no pain but tires quickly when doing her housework. She is very glad she went to the hospital." Patholigical report: Uterus, outer muscular layers oedematous and with vessels congested; mucosa, showing extensive glandular proliferation, making the lining somewhat more than twice its normal thickness, and the superficial portion so thickened by interstitial increase as to compress the glandular outlets. The Fallopian tubes showed greatly thickened and engorged arteries and a marked connective-tissue increase between the muscular structures. The ovaries were extensively cystic and contained much hyaline degeneration.

Case XXVII. **Exstrophy of the bladder.** (Examined before the Clinic, Dec. 7th. Operations, Dec. 15th, Dec. 29th, 1904, Jan. 28th and Feb. 15th, 1905.)

Miss B., aet. 22. The father has a history of alcoholism. Two brothers and one sister, all living and healthy. Patient first menstruated at ten, has continued regularly and without pain. The anterior bladder-wall is congenitally absent. (Plate iii.) The body of each pubic bone is undeveloped, leaving a defect of 8.5 cm. where the symphysis should be. The recti abdominalis muscles are poorly developed and widely separated. There is no umbilicus. The posterior bladder-wall, exposed and bulging from between the skin edges above and at the sides, presented a mucous surface deeply congested and covered with its own secretions as well as those which flowed from the ureters and the vaginal outlet at its lower part. The transverse diameter of this exposed area at its widest part was about 5. cm. and from its upper border to the vaginal outlet, at the lower edge, was a distance of 6.5 cm. The distance between the ureteral openings was 2. cm., and the line connecting these two points was 2.5 cm. above the vaginal opening. The ureters, of which the right was slightly the larger, both admitted large-sized ureteral cathe-

ters. The diameter of the vagina was sufficient to admit the little finger. The uterus, as later observed, measured 5. cm. in length and 4. cm. by 2.5 cm. in its diameters at the fundus, and it lay obliquely across the pelvis, its cervix pointing to the left. The left ovary was normal in size and position but the right somewhat larger and closely adherent to the pelvic wall. In consequence of this attachment the fundus of the uterus was drawn sharply over toward the right. In her mental aspects the patient is also undeveloped or abnormally developed. She has a pronounced taste for alcoholics. She is said to have been always "crazy after the boys," and this feature was sufficiently noticeable to have given her family great anxiety.

On Dec. 15th a median incision was made through the abdominal wall just above the exposed vesical surface. The colon was found short and its mesocolon did not permit its easy entrance into the wound. The appendix was small in diameter and free from concretions, but measured 12.5 cm. in length. The ileum, now brought up into the wound, was clamped and a portion 10. cm. or 12. cm. in length was resected, the lower end of which section was 10. cm. from the ileocaecal valve. While the remaining portions of the bowel were being joined by an end-to-end anastomosis with celluloid linen by Connell's method, the isolated section was wrapped in hot moist gauze and laid aside upon the surface of the abdomen. The portion of mesentery by which this isolated section remained attached was left below the bowel thus re-united and, when the abdominal opening was closed, it was stitched with fine cat-gut to the parietal peritoneum and lay loosely at the lower angle of the wound. If to facilitate description the isolated bowel section be now supposed to be held in the line parallel with the patient's body, the line of incision now made along the bowel (section) was a little to the left of the line opposite the mesentery. By now turning the gut so as to bring

Plate III, Case XXVII. Exposed vesical area. Sound in vagina. Forceps in anus.

the upper (cephalic) end into approximation with the left edge of the exposed vesical surface, and the mucous lining of the bowel section against the vesical mucosa, the shorter left flap of bowel wall is brought into relation with the upper edge of exposed vesical surface and the right longer flap made to cover a larger area below without undue traction upon the mesentery and consequent embarrassment of the blood-supply. As a matter of fact this procedure gave not only abundant tissue for covering the exposed vesical surface but the lower edge was stitched upward (transversely to the bowel-section), thus forming a considerable

pouch, or fundus, as shown in Plate iv. It will be seen that the purpose of the manoeuvre just described was to secure a bladder lined throughout with mucous membrane, and that as the collateral circulation became established the portion of bowel employed might be completely isolated from its natural blood-supply.

The union of all the sutures was effected by first intention. At the close of the first operation the following measurements were taken: From the top of the fundus to the lower edge of the newly-formed anterior vesical wall, 8. cm.; from side to side across the opening still left at the entrance to the bladder, 3 cm.; antero-posteriorly this same opening measured 2. cm. On Dec. 29th, the following notes upon the conditions were taken: The new fundus, formed of intestinal wall, is completely united about the whole upper vesical surface; the lower edge of the intestinal tissue is everted so as to expose the edge of the mucosa for about 2. cm.; the fundus encloses a cavity 4.75 cm. in its upright and 5. cm. in its greatest transverse diameter; the everted lower edge of intestinal mucosa, like the rest of the bladder-wall, both anterior and posterior, is well-nourished, but from the whole lining, especially the intestinal portion, there is an excessive flow of mucus.

Plate IV, Case XXVII. Artificial anterior bladder wall (formed from intestine) showing fundus and beginning inversion of lower edge.

Catheters were now introduced into the ureters in order the better to protect them and to keep clean the field of operation. The lower portion of the exposed posterior vesical mucosa, beginning just above the vaginal outlet, was separated from its submucosa. With the patient now placed in the Trendelenberg position, an incision, 13. cm. long and parallel to the former abdominal incision and 2. cm. to the right of the same, was made. The abdominal portion of the mesenteric cord in which ran the vessels to the new anterior vesical wall was carefully examined and found unobstructed and offering no obstruction to the bowel. The anastomosis of the bowel, from which the present anterior vesical wall was resected at the first operation, was found so perfect that there was no adhesion either to the surrounding loops of bowel or to the omentum, which latter was found free in the abdomen. The mesenteric cord was itself not adhered to any structure in the abdomen except the wound from which it emerged. Through the new abdominal opening the uterus and its appendages were now removed. The right ovary was spindle-shaped and measured 2 cm. by 2. cm. by 4. cm. The right broad ligament was shorter than the left, holding the fundus of the uterus close to the pelvic brim and turning the cervix sharply to the left. The round ligaments were well-developed. The uterus was 5. cm. by 4. cm. by 2.5 cm. The left ovary measured 1.5 cm. by 1.7 cm. by 2.5 cm. The vagina was now

separated from the uterus as high as possible. The ends of the broad ligament were sewed together and the posterior bladder-wall was stitched to these to prevent it from bulging forward. The vagina was stripped from its attachments by the finger passed through the abdominal incision until the upper margin of the posterior vaginal wall could be united to the bladder-wall below the trigonum, separated from underlying structures as described at the beginning of this operation. The intention was to stitch the anterior vaginal wall to the newly-formed anterior bladder-wall at a subsequent operation. The opening, however, was left for the present as a more perfect means of exit for the urine, and temporarily the ureteral catheters, left in place, extended out through the same way.

The free lower border of the intestinal mucosa forming the anterior vesical wall showed, even early as mentioned above, a considerable tendency to eversion. This process, due to the tonic contraction of the muscular structures, continued progressively until the intestinal tissue was turned inside out, without, however, seriously disturbing the union of tissues about the upper and lateral margins.

On Jan. 17th, without anaesthesia, I ligated the upper third of the mesenteric cord and on the 20th, by the same procedure, ligated the middle third, leaving thus the portion containing the main artery of supply to be severed under anaesthesia on the occasion of the next operation, Jan. 28th. It seemed then that the time had arrived when, if ever, it would be safe to risk the ligation of this remaining portion of the mesenteric attachment, the union of the new and the old portions of the bladder appeared so perfect, and the development of a collateral circulation so possible. The success of the whole plan depended upon doing this sooner or later; for there was no possibility of re-inverting the anterior wall without this separation. Accordingly the ligation was completed, the anterior vesical wall restored to its former position, and its lower border joined to the upper edge of

Plate V, Case XXVII. Appearance on leaving hospital. Area healed by skin grafts. Catheter in artificial urethra, forceps in anus.

the anterior wall of the diminutive vagina, brought to the surface at the last operation. In this way a urethra was fashioned out of what had been the vagina. The labia majora were then separated from their attachments to the pubic rami at either side and approximated above the new urethra, thus giving it the protection and support of the skin, to which it was stitched. The ureteral catheters were again left in situ. Within two days the entire new anterior bladder-wall was sloughing and was soon cast off.

Up to this time we had accomplished, first, the removal of the uterus and its adnexae. This decidedly lessened the erotic tendency and discontinued the periodic irritation of the exposed mucous surface by the menstrual flow. Second, the posterior vaginal wall was continuous with the posterior bladder-wall. On Feb. 15th an incision was made to the left of the median line, extending along the left margin of the posterior bladder-wall to the pubic ramus, for a distance of 15. cm. The fibrous structures attaching the vesical trigone to the undeveloped pubic rami upon either side were severed. The peritoneal attachments of the bladder and the left broad ligament were loosened from the iliac bone so as to permit the bladder wall to be folded downward and to the right. The edges were stitched together making a pouch of the posterior wall. Contributing to the capacity of this bladder pouch was the pocket formed by the proximal end of the vagina, which was now united to the edge of the bladder-wall folded downward. The pouch was thus drained by a newly formed urethra composed of the walls of the distal portion of the original rudimentary vagina as after the last operation. The skin and areolar tissue were then freed from the underlying structures at either side and the edges of these flaps were drawn toward each other, covering the entire surface except in the center as shown in Plate V. This opening was left for drainage and after filling by granulation was covered by skin-grafts.

The capacity of the bladder thus formed was about 90. c. c. The urethra was not satisfactory; the meatus was too large, the lower stitches failing to hold. On March 14th I made an effort to improve it by loosening some muscle structures upon either side and bringing them across the lower end of the canal. By this means, however, I accomplished little. The patient, of course, gained no voluntary control and could retain no urine except while lying upon the back. A rubber urinal could be worn, as was done for a time before she left the hospital, and the area exposed to both mechanical irritation and that from urinary decomposition is greatly reduced. The patient's condition was so far improved that she left the hospital happy with the result.

Nothing of note occured after the operations except during the sloughing process attendant upon ligation of the mesenteric attachment of the temporary anterior wall. At this time the temperature arose to 103. The dressings were kept saturated with normal saline solution and the bladder cavity was frequently irrigated and helmitol was temporarily administered to prevent kidney-infection. An examination of the urine by the Detroit Clinical Laboratory in December showed a number of hyaline, and a few granular, casts and numerous pus-cells. Examination Feb. 20th showed pus present, but no casts were found. The patient went to her home in the country April 15th in good condition.

In this case, had I changed the order of the operation, doing the hysterectomy first, I might have brought forward the vagina as an operation preliminary to the formation of the anterior vesical wall from the intestine, and the union of the lower free border of the intestinal tissue could possibly have been effected without the annoying eversion. As it is, however, the result attained should be the source of added comfort and some satisfaction to the patient.

Case XXVIII. **Double pyosalpinx and cystic ovaries.** Partial salpingectomy, bi-lateral; left oöphorectomy and right resection. (Entered hospital for Clinic, Dec. 7th; operation, Dec. 17th.)

Miss S., aet. 21. The father and mother both died when patient was an infant. Her menses began at 13 and continued regular and normal until one year ago, when they became painful and profuse. She is subject to tonsilitis, an attack of which coming on after she entered the hospital determined the delay of her operation. Pain and tenderness are constant over the lower abdomen. Bimanual examination showed uterus to be sharply anteflexed and subinvoluted and both ovaries prolapsed and adherent.

Operation, Dec. 17th, 9:15 to 10.45 a. m. Through the abdominal incision both tubes were found filled with pus and firmly adherent. The ampullar portion of each was amputated. The left ovary, of the size of a walnut and honeycombed with cysts apparently infected, was freed from its bed of adhesions and removed. From the right ovary a corpus luteum cyst was removed. The uterus was curetted and disinfected. A reactionary temperature of 100. followed this operation, with a pulse of 110., but after the fourth day both remained normal. The abdominal

wound healed by first intention and the patient left the hospital Jan. 11th in apparently fine condition. Bimanual examination showed the right ovary to be prolapsed and adherent to the side of the uterus. The uterus was freely movable, however, and not especially sensitive.

Specific pyosalpinx is practically always bi-lateral. In many cases the acute symptoms subside, the infiltration becomes absorbed, and fairly good health is restored without operative interference. Many such patients bear children. There are others, like this unfortunate girl, in whom the organs remain adherent, the ovaries and tubes prolapsed in the cul-de-sac, and a condition of invalidism is the result. The absence of the family physician in Europe prevents my giving his report upon the patient's present condition, but her employer wrote me in May thanking me for restoring her maid to perfect health.

Pathological report. Portions of both Fallopian tubes removed show lumen filled with pus, the plicae swollen and densely infiltrated, and the epithelium covering them under lower magnification scarcely to be distinguished from the exudate in which it is bathed and by which it is made adherent. The left ovary shows many follicular cysts.

Case XXIX. **Lacerated perineum, with cystocele.** Pelvic organs atrophied but adherent. Vaginal hysterectomy, anterior colporrhaphy, and repair of perineum. (Referred to Clinic, Dec. 6th; operation Dec. 22nd.)

Mrs. B., aet. 57. Mother died of cancer of the stomach at 63; father died of consumption of the bowels at 73. One brother died of apoplexy. Patient first menstruated at 16. She describes her suffering at these times as terrible until she became pregnant, at about 21 years of age. She has had eight children and two miscarriages. She has suffered from pain and dragging in the pelvis for thirty-five years. Passed the menopause seven years ago. She now suffers from a frequent desire to urinate, which is more troublesome in the day time. She has almost constant aching across the sacrum and pain and tenderness in the abdomen. Examination shows an extensively lacerated perineum with large cystocele. The uterus, ovaries, and Fallopian tubes are in a normal state of atrophy but the adnexae are bound tightly into the cul-de-sac by old firm adhesions.

For the patient's relief a vaginal hysterectomy, with anterior colporrhaphy and perineorrhaphy, was performed. The same method of suspending the bladder was employed as was described in the treatment of Case XXVI. The temperature rose to 102. on the second day but remained normal after the first week. The patient left the hospital in good condition on Jan. 17th, except that some pus was still found in the urine, notwithstanding repeated bladder irrigations and the administration of urinary antiseptics. The wounds in the vagina and perineum healed by primary union. On June 1st she reported that the bladder irritability had continued for several weeks after leaving the hospital, but that now she was perfectly well and doing her own house-work.

Case XXX. **Gonorrhoeal salpingitis, acute.** (Brought to the hospital for Clinic, Dec. 8th.)

This case was not considered operable at the stage in which it came under observation and was referred to the family physician for expectant treatment.

* * * * * * * * * *

In concluding this report, it is fitting that the courtesy of the Board of Trustees of Harper Hospital be acknowledged, in placing at our dis-

posal the new and commodious operating amphitheatre. To the administration of the institution, including the internes, nurses, and office force, I am indebted for the attention given these patients. To the physicians who brought their patients is due a large measure of the interest of the clinic to those who may have cared to attend or to peruse this report. To Dr. P. M. Hickey is due the credit for the excellence of the illustrations. To Dr. A. S. Warthin, for a few important points upon the pathology of the cases. And finally to Dr. Homer E. Safford and Dr. Herbert W. Hewitt, whose unceasing labor in pathological and other laboratory work and in assisting at the collection of clinical data has gone far to make both the clinic and the report possible, I feel especially indebted.

NAIL IN APPENDIX.

By HAL C. WYMAN, M. D.,
Detroit.

This photograph shows a nail in the appendix vermiformis. It was distinctly felt in the appendix before the abdomen was opened. It was swallowed by the patient about five years ago. She had suffered more or less from poor health since that time and was thought to have salpingitis. One physician had opened her abdomen and evacuated a pelvic

Nail in Appendix
Fallopian Tube from same case (Dr. Wyman)

abscess, but on that occasion nothing was felt of the nail nor was its presence suspected, so completely were the symptoms of tubal inflammation paramount. The case was brought to the Detroit Emergency Hospital by Dr. Ulath, of Otisville, Mich. The second figure in the photograph represents an inflammatory tumor of the fallopian tube to which the appendix was attached. The nail was trying to pass from appendix to tube.

46 Adams Ave. west.

CASE REPORT—SIDEROSIS BULBI.

By EUGENE SMITH, M. D.
Detroit.

W. D., Aet. 21, consulted me February 6, 1904. His right eye was lost as the result of a knife wound nine years previous. The stump was glaucomatous and painful.

Left eye had V-8-100. There was circumcorneal injection; lustreless iris with numerous spots of bright rust color, no history of iritis. The lens had several small pinhead spots of rust color in the cortex, pupil was mobile, cornea clear, vitreous cloudy, ciliary region not sensitive, no pain. Considering the condition of left eye as sympathetic I enucleated the right eye. Patient remained under observation until March 1st, seemingly improved. June 19th, following, he was led to my office, having mere perception of light. Cornea was clear, pupil dilated and immobile, iris entirely lustreless, of a deep rust color, lens was a decided rust color and apparently swollen. Anterior chamber shallow, T+2. Ciliary injection marked, fundus reflex nil.

Placed him in hospital, made a large iridectomy and extracted the lens. I had the lens examined at the Detroit Clinical Laboratory and got distinct iron reaction.

Patient made a good recovery. V=20-30+ and No. 1 of Snellen with proper glasses. The iris resumed its normal color and brilliancy, entirely losing the rust color, and the vitreous cleared perfectly. Further inquiry elicited the fact that this eye was struck several years previous with a splinter of iron, the eye-ball being "cut a little," but beyond this fact I could get nothing. Careful opthalmoscopic examination was negative.

Having seen the case early and there being no history of hemorrhage into the eye or tissues, I am inclined to think the case was not hematogenous but due to the presence of iron. The young gentleman called on me August 20, 1905, and was still well, there being no apparent return of the trouble. The happy result was entirely unexpected as blindness usually follows or accompanies siderosis.

32 W. Adams Ave.

Chinese Obstetrics.

In the Chicago Clinic for August there is a review touching upon methods of the Chinese in confinements, as described by Dr. Anna R. Gloss, of Pekin, from observations on a particular case.

The patient had been in labor three days and her life was despaired of. Expecting death, she was arrayed in her best clothes; incense was burned, and a lighted candle placed in front of the vulva; the father called his name from the house-top, while the mid-wife squeezed the woman in her arms for hours at a time. When finally an arm protruded, it was annointed with catsup and a mysterious verse incanted. This being insufficient, the arm was bathed with vinegar and another verse recited. This in turn failing of result, the arm was rubbed with dirty salt, and then in desperation the mid-wife pulled at the arm till it separated. Dr. Gloss was then called, effected the delivery of the dead child, and saved the mother. Dr. Gloss was not permitted to see the patient again.

DETROIT MEDICAL JOURNAL

A MONTHLY EPITOME OF PRACTICE AND THERAPEUTICS

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New Names in The Pharmacopoeia.

Dr. Lyon's article on the Pharmacoepia of 1900, in this issue, shows very clearly that the Committee on Revision were far from being unanimous in regard to several matters in the new Pharmacopoeia. One of the most important of these is the matter of names. The committee decided to make official a few of the more commonly used synthetic drugs. Unfortunately they discarded entirely the names under which these products have become familiar. The chemical names are altogether too unwieldly for general use, so the committee has introduced a number of new names to the profession.

The new terms coined by the committee, however, seem to us to be very largely failures, and to render the labor of the committee in this respect a waste of time. It seems extremely doubtful whether these elephantine expressions will ever come into common use. They are "neither hot nor cold!" On the one hand they do not give the proper technical chemical name, neither do they afford short and convenient terms. They are not particularly better than these technical terms and lack their accuracy.

For example, phenacetin is now in the pharmacoepia, but under a new name. It is extremely doubtful whether many practitioners could give the chemical name which is **acetparaphenetidin.** But unless they knew this, or some kind friend told them what phenacetin's new name was, they could not find it in the index of the new Pharmacopoeia. The new name is **acetphenetidin.** In the British Pharmacopoeia, the name is **phenacetinum.** This is much better. It not only resembles the name

by which the drug is already universally known but it retains the same initial letter, so that its place in the index brings it near the place for the old term.

This is a serious fault occuring several times in the new volume. One might imagine it a very ingenious scheme of the original purveyors of these products to prevent their general use under a non-copyrighted name. For instance, what physician in writing a prescription. would not prefer writing **urotropine** to **hexamethylenamine?** The high standing of the committee does not allow us, of course, to impeach their honesty; but their judgment in this regard seems questionable, and it is to be hoped that the pressure of criticism on this point will lead them to adopt more usable names henceforth, and also to place the old and familiar names in the index.

The Eternal Anti-Vaccinationists.

"From Greenland's icy mountains
To India's coral stand,"

the anti-vaccinationist, the chronic and habitual objector, springs up like smut on the corn. And like it he spreads destruction and contamination around him. A somewhat rare plant, he is a destructive one. The city of Detroit now furnishes an example. Two men objected to vaccinating their children and insisted on sending them to school. The result is that a city of 400,000 people has surrendered. The public schools of the city have been thrown wide open to small-pox.

Other cities have learned what an expensive luxury small-pox is, to say nothing of the sorrow, mutilation and distress it causes. In four or five years we shall have a large number of unvaccinated children. Some day a new epidemic of small-pox will come, and after many deaths. a general vaccination will be ordered. Grand Rapids has just passed through such an experience. How much better it would be not to have any small-pox at all—it is a perfectly preventable disease.

What is needed here is a State law enabling school-boards to insist on vaccination for all pupils. It is a travesty on justice to compel a man by law to send his pupils to the public schools which are now the chief sources of contagious diseases. The idolatry of the idea of personal liberty in this country has led to some very curious infringements of the rights of the public at large, and the surrender to the anti-vaccinationist is one of them.

Association of Military Surgeons.

The recent meeting of this association in Detroit was an extremely important and interesting one. The first authentic professional report of surgery in the Russo-Japanese war was here delivered, and for the first time, the Chinese government sent delegates to participate in a meeting of this kind. Next month we shall publish a report of the meeting and two of the most important papers.

TRANSACTIONS OF SOCIETIES

Wayne County Medical Society.

Program.

October 2.

Clinical Hydrotherapy.—Dr. Tobias Sigel.

Dscussion: Dr. Jean A. Vernier, Dr. Carl Bonning.

October 9.

An Analysis of 105 Consecutive Cases of Typhoid Fever, with Special Reference to Diagnosis and Treatment.—Dr. R. S. Rowland.

Discussion: Dr. C. G. Jennings, Dr. G. E. McKean.

October 16.

Differential Diagnosis of Paretic Dementia from other Insane Conditions Presenting Similar Symptoms.—Dr. E. A. Christian, Pontiac.

The Pathology of Paretic Dementia.—Dr. H. A. Wright.

Discussion: Dr. A. W. Ives, Dr. Samuel Bell.

October 23.

Presentation of Orthopedic Cases.—Dr. Daniel LaFerte.

The Correction of Some Obstinate Deformities by the Mechanical Method. (Illustrated by cases and lantern pictures.)—Dr. V. L. Smith.

Discussion: Dr. W. E. Blodgett, Dr. Harrison D. Jenks.

Detroit Academy of Medicine.

September 26.

Surgical Evening.

"Harelip."—Daniel LaFerte.

"Cerebral Abscess."—Hal C. Wyman.

ANNUAL ADDRESS.*

You have just listened to a most interesting report of the Petoskey meeting of the State Medical Society by one of your delegates, Dr. Hitchcock, and you have been treated to a most delightful trip to Portland and return, together with an account of the meeting of the American Medical Association by Dr. Robbins. I do not believe that you are in a mood to listen to a lengthy and more or less scholarly address on some far off subject by the retiring president.

Under these circumstances I have decided to exercise my prsidential prerogative for the last time and rule that the address as announced by the program is out of order. In its place, however, I deem it proper to give you a brief report of the work of the Wayne County Medical Society during the past year.

The plan of holding meetings as prescribed by the new constitution was inaugurated with the first meeting last September. The general meetings were accordingly held on the first and third Mondays of each month and the section meetings on the second and fourth Mondays respectively. This innovation was a decided success, the average attendance at our meetings during the year being 74, as compared with 56 the year previous.

*Delivered before the Wayne County Medical Society, Sept. 18, by the retiring president, Dr. Guy L. Kiefer.

The papers presented during the year were very instructive and enjoyable, and they were made particularly interesting by the careful arrangement given them by the Program Committee. The work was arranged in such a manner that papers on certain subjects would follow each other systematically, so that for example one month would be devoted to a study of diseases of the kidney, another to acute infectious diseases, and so on.

The society was fortunate in securing papers from noted men from outside of the city, among them being Dr. Robert T. Morris, of New York, Dr. H. P. Anderson, of Toronto, Dr. Elliott, of Muskoka, and Drs. McMurrich and Huber, of the University of Michigan.

The social feature of our meetings received more than usual attention. A number of the regular meetings were followed by an enjoyable buffet luncheon, and it is more than possible that this social feature has something to do with the increased attendance at meetings.

In spite of the fact that your program committee expended considerable money for midnight lunches, served after meeting to its members, the report of the treasurer will show that there is a balance of $325.00 in the treasury today, as compared with $250.00 a year ago, and when you consider that $100.00 was voted by the Board of Directors to the Defense League, the difference becomes all the greater.

The membership has been considerably increased during the year, sixty new members having been admitted, bringing our total membership at present up to nearly 400. This statement brings to mind the fact that there are still remaining in Wayne County over three hundred regularly registered physicians who would make desirable members and it may not be out of place for me to suggest that a special effort be made during the coming year to secure as many of them as possible. I would recommend, if you please, that a membership committee be appointed whose special duty it shall be to look after new members. In making this suggestion I wish to repeat what I said a year ago, that each member should endeavor to get his neighbors and friends who are not members of the society, to join at once.

Besides the regular routine work of the society several innovations were introduced during the year. At the suggestion of Dr. Tibbals the Defense League of the Wayne County Medical Society was organized. Although the league has done quite well in securing members there are still a number of members of the society who have not joined the Defense League. All who have not done so, should do so at once, as the league, which is officered and managed by members of this society, offers to its members as safe and good protection for five dollars a year as they can obtain from the various private corporations throughout the country for four or five times that amount.

Another new feature of the work was the First District Councilor Meeting, which was held upon the suggestion of Dr. Leartus Connor. A meeting of the county societies comprising the first councilor district, viz.: Macomb, Lenawee, Monroe, Oakland, Washtenaw and Wayne, was held in Detroit on February 20th of this year. There were 155 physicians in attendance. During the morning session there was a very interesting symposium on "Croupous Pneumonia," and the afternoon session was made lively by a symposium on "Appendicitis," which brought out a most instructive discussion. In the evening a dinner was served which was attended by nearly 160 and during the feast of reason which followed, every county was heard from by some representative present. It was decided to make the Councilor meetings an annual event and Ann Arbor, Michigan, the home of the Washtenaw County Society, was decided on as the place of meeting for next year.

The Board of Directors have given the matters of the society their earnest thought and attention during the year.

On the whole the year has been a successful one and I believe that much of the success is due to the untiring work of the program committee and particularly to its energetic chairman, Dr. Hirschman.

The president has endeavored to do his share of the work by attending the meetings of the society, and also those of the board of directors regularly, and by carrying out such suggestions as presented themselves from time to time. It was my pleasure to be present at all of the meetings and I feel that I profited much by this privilege.

I now take pleasure in calling to the chair as my successor in office, Dr. A. E. Carrier.

EDITORIAL NOTES

Request for Site for Tuberculosis Sanatorium.

Editor Detroit Medical Journal:

Dear Doctor—The trustees of the State Sanatorium for Tuberculosis will appreciate your valuable assistance in obtaining a site for the new institution. The following letter has been sent to the presidents of the various county societies, and we now desire to reach other members of the profession through your Journal, requesting their aid. The board is in receipt of a number of propositions of free sites from a number of villages, chief among them being Harrison, Lake City, Howell, Milford and Goodrich. The trustees have received a number of letters from the medical profession offering suggestions as to suitable sites for which we desire to express our appreciation.

Detroit, Mich., Sept. 20, 1905.

To the members of the Medical Profession:—

The project of the Medical Profession of this State to provide a Sanatorium for the dependent class, suffering from incipient tuberculosis, has been furthered through Governor Warner by the appointment of a board of trustes. The committee of the State Medical Society secured an appropriation of $30,000.00 from the last legislature of which $20,000.00 is available the first year for building and maintenance, and the remainder, $10,000.00, intended only for maintenance during the second year. The trustees are now ready to proceed with the founding of the institution, as far as funds permit. The board is impressed with the importance of finding the best locality from a sanitary and a climatic point of view and solicit your aid in the matter, more especially your opinion as to the suitability of the lands in your county for such purpose. The following conditions in the order named are regarded as necessary for a modern sanatorium site:

General accessibility by railroads and trolley line from the more thickly populated districts of the state.

Accessibility to fresh food supplies ,perferably from surrounding farms, as fresh eggs, milk, butter, and vegetables.

Elevated regions and sandy porous soil with abundance of fresh water supply and facilities for a good drainage.

Low degree of humidity and equable temperature with woodland to protect from prevailing winds. Sightly surrounding country, such as hills, small lakes, and general scenic effects.

The site should consist of from one to two hundred acres of land. As only incipient cases of tuberculosis will be treated and with the inmates under strict sanatorium discipline, this new institution cannot possibly prove a menace to the neighborhood in which it may be located, on the contrary, experience has proven that Sanatoria for tuberculosis are a distinct benefit to the community, not only commercially but also in a hygienic way. The educational value on health of Sanatoria is most beneficial for it is a matter of record that tuberculosis decreases in the immediate vicinity, for the citizens learn from such institutions, in a practical way, how to prevent and cure the disease. For this reason and for the fact that the appropriation is very small, the trustees feel warranted to solicit the donation of a suitable site from individuals, village and city corporations. We earnestly request your early co-operation in order that this humanitarian movement may be speedily and efficiently put into operation.

Very respectfully,

DR. HENRY J. HARTZ.
President.

FOR SALE—Physician, retiring on account of old age. will sell office outfit at a bargain; ground floor; best location in town. A. B. C., Care Detroit Medical Journal.

Michigan College of Medicine and Surgery.

Before an audience that filled the auditorium, the new building of the Michigan College of Medicine and Surgery was dedicated on Sept. 19, with impressive exercises. The notable feature was the unveiling of an oil painting of Dr. Hal C. Wyman, dean of the college. The portrait is the work of Percy Ives, and was presented to the faculty by the alumni association. Dr. Charles F. Kuhn, who presided, made the presentation speech, and Dr. Kenneth Gunsolus responded for the faculty.

Dr. George Gordon, chairman of the building committee, then gave a brief sketch of the history of the college, and Dr. E. B. Smith, secretary of the college, addressed the students. Dr. Smith spoke of the many trials and tribulations which doctors and students of medicine have to undergo.

The musical portion of the program was furnished by the orchestra of the college. After the exercise the faculty of the college repaired to the Fellowcraft club, where a banquet was served.

Dr. G. W. Lawton has located at Kalamazoo.

Dr. and Mrs. Jas. A. Cleland, Jr., are in Venice, Italy.

Dr. J. Burke, of Judd's Corners, has moved to New Lothrop.

Dr. F. W. McHugh, formerly of Ewens, has moved to Ontonagan.

Dr. Harold W. Brooks, of Escanaba, recently located in Springport.

Dr. M. A. Layton has moved into his new residence on Fort St., Delray.

Dr. Geo. A. Williams has returned to Kalamazoo from his European trip.

Dr. Southwick has sold his practice in Weidman and located at Beal City.

Dr. D'Arcy, of Caro, has moved to Maysville where he will take up practice.

Dr. Rosenthal-Thompson, of Traverse City, has located in Detroit at 26 Bagg St.

Dr. and Mrs. Batchelor, of 253 Milwaukee Ave. E., have moved to Hillsdale, Ont.

Dr. W. M. Donald has moved his office into the new building at 979 Jefferson Avenue.

Drs. Baldwin & Paterson, of Coldwater, suffered considerable loss by fire recently.

Dr. L. M. James has been elected a member of the Board of Education at Ypsilanti.

Dr. Chas. Rowe, of Houghton, has left for Merrill, Wis., where he will locate in a hospital.

Dr. Chas. V. Crane, of the United States Marine Hospital, Detroit, has located in Tawas.

Dr. Goodfellow, of this city, has removed to Ashley, Mich., and opened an office there.

The new addition on St. Joseph's hospital at Menominee will soon be ready for occupancy.

Dr. Roberts, of Coats Grove, expects to move to the state of Washington in about a month.

Dr. VanSycle, of South Frankfort, will begin the practice of medicine at Arcadia Oct. 1st.

Thieves visited the office of Dr. Wildanger, of Flint, Mich., securing $150.00 in gold and bills.

The School of Pharmacy in connection with the Detroit College of Medicine has been discontinued.

Dr. W. J. Benn, of Alpena, has decided to locate in Bay City and has opened offices at 402 Phoenix Blk.

Dr. Frank Burr Tibbals announces the removal of his offices to 99 Fort Street West, corner of Cass Street.

Dr. John J. Howard, of Owosso, has entered into partnership with Dr. Wm. Harper and will locate in Detroit.

Dr. J. J. Murphy, of Pontiac, has just returned from a six weeks' European trip, studying in the English hospitals.

Dr. C. S. Gorsline, of Battle Creek, who underwent an operation for appendicitis this week is reported doing nicely.

Dr. L. J. Hirschman and **Dr. H. R. Varney** announce the removal of their offices to Suite 604, Washington Arcade.

The proposition to build a city hospital at Grand Rapids for the care of tuberculosis patients is being seriously considered.

Dr. A. Stealy, of Emmet County, Mich., will make Alma his future home, having recently moved there to take up practice.

By the will of Mrs. Hackley, who recently died in Muskegon, Hackley Hospital, of that city, receives an endowment of $300,000 .

Dr. P. J. Livingston, of Caro, and R. M. Olin, formerly of Battle Creek, have formed a co-partnership and will practice at Caro.

Dr. Edward J. Bernstein, formerly of Baltimore, has opened an office in the Boudeman Bldg. on South Burdick St., Kalamazoo.

Dr. F. G. Sheffield, who has been a very successful practicing physician, both in Dowling and at Nashville, has moved to Hastings.

Dr. Chas. F. Kuhn, of Theodore St., has been to Rochester, Minn., for a post graduate course in the large surgical hospitals there.

Dr. W. F. Metcalf spoke Sept. 7th before the Jackson County Medical Society on a "New Method of Performing Abdominal Hysterectomy."

Dr. H. Payne Lawrence has moved from 257 North Grand Boulevard E., and has taken apartments in the Medbury, No. 56 Medbury Avenue.

Dr. Charles Merrill, of Marshall, has been chosen house physician in the Jackson sanatarium, Mrs. Merrill being matron of the same institution.

Dr. Lydia M. Dewitt, of Ann Arbor, sailed for Germany Aug. 24. She expects to remain about a year studying in some of the German Universities.

Dr. Fred J. Hohn will locate in Frankenmuth, having bought Dr. Kahn's residence with all furniture and fixtures. Dr. Kahn will go to New York.

Dr. W. C. Gates, formerly of Rockland, has disposed of his interest in the Marysville, Ohio, sanitarium, is now temporarily located at Battle Creek.

It is reported that there is an epidemic of whooping cough in Kalamazoo, many children being kept out of school until the disease is under better control.

Dr. F. C. Smith, of the United States Marine Hospital, Detroit, has been assigned to the fever district at New Orleans, and left on Aug. 9th to take up his work.

Drs. Carstens, Manton and Longyear delivered addresses at the meeting of the American Association of Obstetricians and Gynecologists in New York City recently.

Dr. A. A. McLarty has returned from Europe where he has been taking special courses of study in the great hospitals of London, and resumed practice in Manistee.

Dr. Minta Kemp, sometime interne in the Woman's Hospital, has moved from Sault Ste. Marie to Detroit and opened offices with Dr. Rosenthal-Thompson at 26 Bagg St.

Dr. J. J. Murphy, of Pontiac, left on Aug. 1st. for an extended trip to England. He will spend some time in the hospitals and laboratories there studying English medical practice.

Dr. John Warner, a wealthy physician of Clinton, Ill., has given to Dewitt County, that State, a first-class hospital, which has cost him $25,000, and will also endow the institution.

Dr. Geo. Stewart Allen, of Chicago, will open offices in Albion for the practice of medicine. The doctor is a graduate of the University of Pennsylvania and of the Rush Medical College.

Dr. Edward W. Mooney has been appointed assistant, pro tem, to Dr. H. W. Austin in charge of Marine Hospital P. O. Branch. He succeeds Dr. Smith who has gone to New Orleans.

Dr. R. Harris and his wife—Dr. Kerr Harris, of the Battle Creek Sanitarium medical staff, have returned from Edinburg, where both have taken degrees and honors in University study.

Maj. Vernon J. Hooper, of Detroit, surgeon in the Michigan National Guard, has been authorized by the president to take a regular course at the army medical school, to report in Washington Oct. 2.

The University of Minnesota has just received a bequest of $175,000 from Mrs. Mary Elliott to found a hospital for the Medical Department. It will be a memorial to Mrs. Elliott's husband, Dr. A. F. Elliott.

Dr. G. L. Bellis, who, immediately after graduation in 1903 accepted a position as official physician with the Worden Lumber Co., of Budney, Wis., has severed his connection with that firm and located at Antigo, Wis.

Dr. Henry Carey, of Wesley Hospital, Chicago, was added to the staff of the Michigan Insane Asylum at Kalamazoo, to replace one of the doctors called recently to the asylum in the northern part of the state.

The new hospital at Richmond, Ind., was recently opened. It is the gift of Daniel G. Reid, of New York City, formerly of Richmond. Dr. A. E. Oschner, of Chicago, and Dr. G. W. McCaskey, Fort Wayne, held a clinic there on dedication day.

The Northern Michigan hospital at Calumet will soon again open its doors for the reception of private patients. Dr. Sorsen, proprietor, is at present in Berlin, where he has been for the past four months for the purpose of study and recuperation.

Dr. Geo. Dock, who is sojourning in Los Angeles, Cal., delivered the address at the commencement exercises of the medical department of the University of Southern California. The address is published in the Southern California Practitioner.

The Upper Peninsula (Mich.) Medical Society at its recent annual meeting in Houghton, elected the following officers: President, Dr. I. A. Lawbaugh, Calumet; First Vice-President, Dr. A. F. Snyder, Escanaba; Secretary, Dr. H. W. Long, Escanaba.

Dr. R. LeBaron, of Pontiac, was chosen the new president of the Oakland County Medical Society at its session in Pontiac Sept. 12th. Vice-President, Dr. J. C. Sutherland, Clarkston; Dr. E. A. Christian, Dr. M. B. Colvin, of Pontiac, are among the directors.

A new City Board, combining the Poor and Health Boards of the city, has been organized at Grand Rapids, Dr. A. M. Campbell being elected as president, Dr. T. M. Koon as Health officer, and Dr. Ralph C. Apted as City Physician, the two latter being re-elections.

Dr. Asa F. Partridge is now confined in the Red Cross hospital broken down mentally and physically by the use of morphine. He had the insane idea that all his patients should be treated with morphine, and has thus created a number of habitual morphine fiends.

The Barry County Medical Association met at Hastings on Sept. 14th with a good attendance. One thing noticeable was the presence of physicians representing the various schools of medicine, and an Eclectic. Dr. W. H. Snyder read a well prepared paper on "The Reason and Remedy." Dr. H. B. Gammon had a paper to which close attention was given on "Differential Diagnosis."

An important case was recently decided in the Supreme Court, that of W. H. Griswold, of Battle Creek, who had been practicing medicine without a license. He claimed that having been in practice prior to the enactment of the amendment of the law of 1903 he did not have to take out a license, but the Supreme Court held otherwise.

The Michigan College of Medicine and Surgery dedicated its new college building on Sept. 19th. Addresses were delivered by Mayor Codd, Judge Donovan and Drs. Hal C. Wyman, E. B. Smith, Geo. C. Gordon and Roy B. Hensel. A feature of the celebration was the presentation to the college of an oil painting of Dr. Wyman, the dean, by the chairman, Dr. Chas. F. Kuhn, on behalf of the Alumni Association of the college.

The new hospital in course of erection by the Mohawk Mining Company at Calumet, is very near completion. Dr. Tucker, the Mohawk Mining physician, will purchase a complete equipment of hospital appliances. The hospital is a very

commodious structure. It is built along lines of comfort, all of the rooms being placed at the disposal of the mining company's employes, while three will be reserved for private patients. Dr. Tucker will have direct charge.

Board of Control of Consumptives' Hospital.

The state board to have control of the erection and maintenance of the proposed state hospital for consumptives has been named by Gov. Warner. The board will be composed of four physicians and two well-known businessmen of the state. The appointees are: Dr. H. J. Hartz, Detroit, six years; F. B. Leland, Detroit, four years; Dr. Collins H. Johnson, Grand Rapids, two years; Dr. R. S. Copeland, Ann Arbor, four years; G. W. Teeple, Pinckney, two years; Dr. Frank R. Gray, Clare, two years.

MARRIAGES.

Dr. Roy J. Turner, of Eureka, was recently married to Miss Blanch Herrick, of Bancroft.

Dr. Chas. Beaver, of Mancelona, was recently married to Miss Vine Skinner, of Kalamazoo.

Dr. Chas. Bower and Miss Agnes Clark, of Wyandotte, were quietly married in that city Sept. 5th.

Dr. Alex. G. MacPherson's marriage to Miss Anne Long, both of Grand Rapids, took place on Oct. 1st.

Dr. G. S. Green, of Berrien Springs, was recently married to Mrs. Sadie Mathews, of South Bend.

Dr. Chas. H. Peabody, of Milliken, was married Aug. 30th. to Mrs. Neva Buck, a Portland school teacher.

Dr. W. A. Merritt, of Central Lake, was recently united in marriage to Miss Clara Yerex, of that place.

Dr. Harry Taylor, of Mt. Clemens, was married in that city on September 28th to Miss Maude Revere, of Columbus, Ohio.

Dr. Edward C. Green, of the Pontiac Asylum staff, was married Sept. 2nd to Miss Agnes Elenore Densmore, of Harbor Springs.

Dr. Frederick C. Warnshuis, of Dorr, Mich., was recently married to Miss Celia E. Botsford, of Grand Rapids, where he will take up practice.

Aug. 31st Dr. Byron C. Monkman, of Bay City, was married to Miss Nellie Sauer, of the same place. They will locate at Monta Villa, Oregon.

Dr. Neil C. Monroe, formerly of Millersburg, Mich., now located in Rogers City, was married September 6th, to Miss Bessie K. Whiteley, of Millersburg.

The marriage of Miss Caroline Klingmann, sister of Dr. Theo. Klingmann, of Ann Arbor, to Dr. U. D. Seidel, of Reed City, took place at Ann Arbor Aug. 30th.

Dr. F. W. McAfee, of Davisburg, was married during the last week of August to Miss Mary Foster, of Windsor. The young couple will locate in Davisburg.

Dr. George Vail Edwards, of Olivet, was married on Sept. 5th to Miss Harriet Plunnkett, and on the 12th inst. **Dr. James Rowley** was married to Miss Florence May Dallywater. Dr. Rowley and wife will locate at Durand.

DEATHS.

Dr. Theodore P. Hopkins, of Marshall, is dead at the age of 85 years.

Dr. Harry D. Hull, a prominent physician of Adrian, died Sept. 24th of heart disease.

Dr. Bertram, an old doctor of Beal City, was found dead in his chair on Aug. 28th.

Dr. Geo. B. Nichols, of Martin, Mich., one of the oldest physicians of the state, died Aug. 24th.

Dr. James Cannon, an old respected citizen of Petoskey, died at his home Aug. 12, at the age of 79 years.

The death of Dr. John H. Sloane, once a promising physician of Detroit, occured recently. His death resulted from a weakened heart and diseased kidneys the result of overindulgence in alcohol and morphine.

Dr. J. J. Fabry, of Benton Harbor, Mich., once a prominent business man, died there recently. He was a graduate of the best schools of Germany, of an aristocratic family and has been a successful physician.

Drs. Lafayette Balcom and Homer J. Balcom, of Buffalo, died recently at the home of their sister of this city, both having been sufferers for some time from Bright's disease. Both were buried the same day, one death following the other closely.

Dr. Philip A. Knight died Aug. 30th. in Utica. Dr. Knight was the oldest doctor in Macomb County, being 77 years old. He was born in New York State and located in Utica when a boy. He was a graduate of the medical department of the University of Michigan in 1854, and at the reunion of the alumni last winter was the oldest "grad" in attendance. He had practiced in Macomb County forty-eight years, was elected first president of the Macomb County Medical Association on its organization and had been re-elected president ever since.

Resolutions.

At the regular meeting of the Wayne County Medical Society on October 2nd, the following resolution was adopted without a dissenting voice:

"Whereas, The superintendent of public schools of the city of Detroit on September 16 issued an order to the principals of all the public schools in this city directing them to admit pupils applying for admission to the public schools, whether they had been vaccinated or not; and

"Whereas, This action throws down all legal safeguards for protecting the public school children from the remarkably contagious disease, small-pox, and is directly contrary to a standing order of the school board still unrepealed; and

"Whereas, Small-pox has been continually prevalent in the state of Michigan for the last four years; and

"Whereas, The supreme court of the United States has held legal the right of the state to impose compulsory vaccination;

Resolved, That the Wayne County Medical Society considers this action on the part of the superintendent of Detroit's public schools an assumption of authority not belonging to his office, a dangerous and indefensible action and a serious menace to the city of Detroit, and,

Resolved farther, That the secretary of this society be directed to send a copy of this resolution to the school board of the city of Detroit and to furnish a copy for publication in the daily papers.

(Signed)

WM. J. STAPLETON, JR., M. D.,
Secretary."

PROGRESS OF MEDICAL SCIENCE

The Prevention of Apoplexy.

In the Canadian Practitioner and Review for September, appearing as a selected article, Allbutt discusses the conditions predisposing to apoplexy, the means of detection, and the measures that are helpful in averting or postponing the fatal outcome. Arterio-sclerosis is the sure precursor, and Allbutt maintains that it is the result, not the cause, of rising arterial pressures. He therefore would have every adult of forty years of age examined as to blood pressure, the patient should revise his mode of life,—take regulated exercise, abstain from alcohol, reduce the quantity of food, and avoid indigestibles and irritants. The regimen and waters of certain spas,—Harrogate, Carlsbad, Marienbad,—are invaluable.

Ganglion.

In the August issue of "Surgery, Gynecology, and Obstetrics," Cates, of Knoxville, advocates the treatment of ganglion by injection of campho-phenol. The preparation consists of equal parts of crystal phenol and gum camphor, and 15 or 20 drops of this solution are injected by hypodermic needle into the ganglion without withdrawing any of the contained fluid. The usual aseptic precautions must be observed. There is some swelling following the procedure and a splint should be worn for a few days. The writer has never had to use more than one injection and has never failed to effect a cure.

Local Action of Diphtheritic Serum.

In the "Annals of Gynecology and Pediatry" for September, Dopter describes the use of dried anti-diphtheritic serum to destroy the Klebs-Loeffler bacilli. Physicians often have to keep diphtheritic patients isolated a long time because of continued positive cultures from throat and nose. Ordinary antiseptics and the fluid serum have been of trifling value in these cases, but with dried serum applied locally, the writer has had good results in a series of 72 cases. The serum is given in the form of pastilles, one every hour during the day up to 12. The patient must let them dissolve slowly in the mouth, and must not use any mouth wash, which dilutes the serum. The author tabulates his cases and the conclusion is that "pastilles of dried serum ensure the disappearance of the diphtheria bacillus at the latest in 5 days; a greater delay is exceptional; relapses are rare." When the organism exists in the nose, dried serum is given in the form of snuff, and accomplishes the disappearance of the organism in an average of 8 days.

The writer believes that this treatment may prevent the prolonged cases of diphtheria, the relapses, the paralyses of the throat, and the inconveniences consequent upon extended isolation.

Fourth of July Tetanus.

This is the third year that The Journal A. M. A. (September 2), has issued a review of the Fourth of July casualties. The present report shows that the deaths from tetanus are still numerous, though far less so than in 1903 or 1904; and the same is true of deaths from all other causes connected with the celebration of the national holiday. The total number of deaths from tetanus was 87; this compares favorably with the two preceding years in which the deaths from this cause were 91 in 1904, and 406 in 1903. The total number of deaths from other causes, however, was 95, an increase over the two previous years; and the total number of casualties was also greater. The Journal reviews the various causes of accidents, and notes as an encouraging fact that municipal regulations in regard to Fourth of July celebrations were more generally enforced than formerly. The Journal urges the members of the medical profession and the press of the country to continue the crusade for a safe and sane celebration of Independence Day.

Medicine in the Philippines.

J. R. McDill, Manila (Journal A. M. A., Aug. 19, 1905), describes the condition of medical affairs in the Philippines. He does not believe that the climate is necessarily fatal or unduly enervating to Americans, especially as the Benquet Sanitarium will soon be available. He describes the work of the Board of Health and the laboratory facilities which it affords, and speaks especially of the need of general and special hospitals. The history of the medical organizations since the American occupation and the status of medical education in the islands are also noted. It appears that as yet there has been no marked affiliation between the native and American physicians, and McDill thinks this will hardly occur till a new generation, educated in English and in modern methods, has arisen. At present, the ratio of physicians to population outside the city of Manila is 1 to 51,786 or one physician to each 430 square miles, and to supply the medical and sanitary needs of the country 2,000 or 3,000 native physicians and sanitarians should be educated there during the next 20 years. There is a unique opportunity for the establishment of the ideal university and affiliated professional schools in the Philippines, and there will be no lack of earnest capable students. The medical profession is waiting for some one to contribute for the establishment of a Philipine university and medical school.

The Treatment of Congenital and Acquired Luxations at the Shoulder in Childhood.

Whitman in Annals of Surg. July, '05, writes on this topic.

Shoulder luxations in childhood are due to congenital misplacement, violence at birth, or, most commonly, to defective development after birth resulting from obstetrical paralysis. The treatment of this latter, most numerous class is (1) to prevent the luxation by methodical passive motions of the paralysed member and (2) after incidence of luxation to overcorrect completely under anaesthesia, retain in plaster three months or more, and then develop and re-educate muscles by appropriate exercise. The manipulation consists of stretching the anterior portion of the capsule by repeatedly pressing the arm upward and backward over the thumb as a fulcrum placed behind the joint; forcing the head upward by adducting the humerus across the chest with the thumb in the axilla as a fulcrum; and overcoming any limitation of external rotation by flexing the forearm and using this as a lever to rotate the humerus. The cast includes the whole arm and the chest, and holds the upper arm drawn backward, the forearm flexed and rotated outward to the frontal plane, and the hand supinated. This treatment, by preventing or removing deformity and consequent restraint of movment, makes manifest, and favors, restoration of innervation, and should precede any effort at nerve-grafting.

An Epidemic of Typhoid Fever from Personal Contact.

Dr. Noetel (Zeitschrift für Hygiene und Infectionskranheiten, June 24, 1904, Bd. xlvii), describes an epidemic of typhoid fever which occurred in seven small communities within the district of Beuthen, near Russian Poland, and could be traced to none of the usual common causes. In a population of 65,000 there were 927 cases, with 84 deaths. Careful investigation exonerated the water supply, milk and other foods, methods of sewage disposal, etc., from all blame. The population, chiefly Polish, had increased with unusual rapidity, owing to industrial development, and lived in an overcrowded condition; it consisted largely of coal-miners, who were industrious and well paid, but whose ideas about sanitation were of the most primitive sort. Noetel decided that the epidemic had been spread by direct contact from person to person, through carelessness and ignorance, fecal matter not being held in that aversion which obtained with people, but slightly higher in the social scale. The epidemic was stopped by vigorous action on the part of the public authorities in the direction of disinfection of discharges, detection and isolation of ambulant cases, and general sanitation. Noetel emphasizes the importance of direct contact in the spread of typhoid fever, and also the fact that in such an epidemic it is necessary to determine as early as possible whether the cases are due to contact or to a common cause like polluted water. If the former, all the sick, even those only mildly so, should be hunted up and isolated for a long time in hospitals, and, in the meantime, energetic and systematic disinfection should be in force. (Jour. Am. Med. Sc.)

Resuscitation by Heart Massage.

In the N. Y. Med. Journ., Sept. 2, W. S. Conklin, of Des Moines, reports a case of "Resuscitation by manipulation of the heart of a patient apparently dead from shock."

The patient, an Italian laborer, 47 years old, had received a razor wound of the anterior thoracic wall, penetrating the left pleural cavity, and causing serious loss of blood. The writer did a rapid repair of the wound with a very light ether anesthesia, but at the end of the operation the man collapsed, despite the usual efforts at stimulation, and was apparently dead. The heart was directly palpated through a portion of the wound left open for drainage and found to have stopped. A conservative estimate is made that the heart had been still for about two minutes, when the writer inserted his hand, manipulated the heart for some forty seconds, and pulsation was resumed. The radial pulse became palpable, a dressing was applied, patient put to bed, and given stimulants. Recovery ensued.

The Treatment of Epilepsy.

In the Practitioner for August Norman G. Harry publishes his prize essay on the above topic. First, seek a possible cause and remove it. If none is found, begin a course of bromides, striving for a dosage that arrests all attacks and is yet tolerated by patient. Bromides should be given for two years after arrest of seizures, and then be discontinued gradually, else relapse occurs. As a rule

potassium bromide is the best, and the usual effective amount is 60 to 80 grains a day, in two or three doses, given after meals with small amounts of arsenic to prevent acne.

Aside from bromide treatment, regulate diet by forbidding indigestible food, reducing meat to twice daily, and avoidance of stimulants. Marriage of epileptics should be discouraged.

The status epilepticus requires 30 grains of bromides by mouth or 60 by rectum every 4 hours, combined with chloralhydrate. Chloroform inhalation, hyoscine, and morphia are useful on occasion. If the aurae of attacks are marked, the convulsions may sometimes be averted by a tourniquet around arm or thigh, by blister, or by strong olfactory and gustatory stimulus. Amyl nitrite is valuable also. During the seizure, patient should be laid down, clothes loosened, tongue protected from teeth, and in case of vomiting, prevent inhalation of vomitus by turning on the side and lowering the head.

Immediate Mortality in Abdominal Section.

In the Cleveland Medical Journal for Sept., Crile investigates the causes of immediate death following celiotomy, as seen in 2,000 cases of his own. In this number there were 105 deaths, whose classification may be made as follows:—

Infection	74 cases
Exhaustion	12 cases
Shock and infection	10 cases
Embolism and thrombosis	4 cases
Pneumonia	4 cases
Renal incompetency	1 case

Infection is seen to be the most frequent cause of death and this is because of infection being present so often at the time of operation. The majority of these deaths from infection follow operations for appendicitis, intestinal obstruction, and pelvic inflammations. The deaths from exhaustion follow oftenest upon operations for malignancy. The other causes of death are about equally common to all cases. Crile did not observe a single death from obstruction of the bowels per se. 736 patients were operated for relief of infection with a mortality of 11 per cent; 160 cases were operated for malignancy, with a mortality of 11 per cent; 1,108 cases were of non-infective, non-malignant type, with 10.4 per cent mortality. Therefore, in his experience, infective and malignant cases have 20 times greater surgical risk than non-infective and non-malignant.

Treatment of Graves' Disease.

In the Canadian Practitioner and Review for July, R. D. Rudolf writes upon the medical treatment, and C. B. Shuttleworth upon the surgical treatment of exophthalmic goitre. In the Annals of Surgery for July is an article on "Thyroidectomy for Exophthalmic Goitre" by Hartley.

Rudolf recommends physical, mental, and emotional, rest, preferably in bed; cases do better under hospital or sanatorium regime; residence at a moderate elevation seems to be beneficial; belladonna tincture, 15 minims t. i. d. with bromide of strontium is the best drug therapy. Other symptoms must be met as they arise. With the best management the majority of patients improve; a few recover; a few get worse. Death is usually due to intercurrent affection.

Hartley reviews recent literature on surgical treatment, describes 15 thyroidectomies of his own, and concludes that surgery offers brilliant results in this field, and that excision of the thyroid is preferable to resection of the cervical sympathetic nerve. Percentage of cures is 71, improved 9.6 per cent., unimproved 6.4 per cent., mortality 12.6 per cent. The reputed dangers of operation from the anaesthetic and acute thyroidism are largely eliminated by employing a skilled anaesthetist, and rapidity in operating with a minimum of traumatism.

Shuttleworth reaches practically the same conclusions with Hartley and believes that surgery holds out the greatest promise of cure.

The Difficulties Attending Diagnosis of Aseptic Foreign Bodies in the Orbit.

Nelson Black, M. D., Milwaukee, Wis. (The Ophth. Record, April, 1905). In this interesting article Black gives the clinical history of a patient injured by falling on a log while hunting.

There was a wound in the upper lid. Ptosis, exophthalmos, fold of conjunctiva presented between the lids and there was also immobility of the ball.

Cornea clear, moist but anaesthetic. Anterior chamber deep, pupil fixed. Light perception, tension the same as in the fellow eye. Diagnosis: Contusion of ball with haematoma of the orbit. He was placed under treatment by hot boric acid compresses. Argyrol and internally potass-iodide. No improvement being reached in three weeks an exploratory operation was made and many pieces of wood removed from the orbital cavity. From this clinical history the author concludes that, 1st—A foreign body of considerable size may gain entrance into the orbit resulting in complete loss of vision and motion in the eye with apparently no macroscopical traumatism to the globe or adnexa and leave no trace of wound of entrance. 2nd—The patient will be unaware of the entrance of anything in the orbit as after recovery from the first sharp pain from the blow there is little discomfort. 3rd—The eye usually is not seen by an ophthalmic surgeon until some time has elapsed and the patient discovers it to be blind or there is no let up of the symptoms. 4th—When seen the patient usually presents an eye only moderately inflamed with more or less exophthalmos, generally some limitation of motion, little or no ocular pain, vision diminished or lost and a history of having received a blow on the eye from some flying object. 5th—This class of cases as a rule, are seen only in those coming from the rural districts. 6th—The orbital tissue is particularly immune to infection or else the foreign bodies that gain entrance into the orbit outside of the crowded city districts are of a much less septic nature.

Effect of Tobacco.

In the Practitioner, July, '05, the "Effect of Tobacco in Health and Disease" is discussed under several different heads.

(a)—**Heart and Circulation. Brunton.** Tobacco when smoked evolves but a small amount of nicotine. The main products are pyridine and picoline bases. In cigars the free access of air reduces the quantity of pyridine, but in a pipe it is produced in large amounts; hence stronger tobacco can be smoked in a cigar than in a pipe. Cigarettes are pernicious when inhaled or used in excess. Smoking, in moderation, is distinctly harmful to adolescents, but not to adults. Excessive smoking often produces palpitation, irregularity, and precordial pain, which may simulate angina pectoris. Sometimes it is the cause of sudden syncope, in which the victim falls suddenly as if shot. The relief of these symptoms requires complete abstinence for several months.

(b)—**On the gastro-intestinal tract.. Dalton.** Smoking increases the saliva, which is often swallowed in large quantities. If the stomach is empty, the writer believes that excess hydrochloric acid is excited, producing hyperacidity. If there is food in the stomach, the acidity is partly or wholly neutralized by the excess saliva and digestion is impared. Tobacco also acts by inhibiting peristalsis, both of stomach and gut; all gastro-intestinal symptoms are probably mainly due to the effects of tobacco on the nervous system.

(c)—**On the Nervous System. Taylor.** Personal idiosyncrasy probably plays a large part in the effect of tobacco smoking. The symptoms produced in susceptible persons are (1) Tremor; this is fine and rhythmical, remittent but persistent. (2) Giddiness; this is probably due to vagus disturbance and in novices is associated with nausea. (3) Coldness of the extremities, pallor of face, sweating, due to vaso-motor influences. (4) Sleeplessness, of a peculiar form, where the sufferer can go to sleep at once, but wakens very early, is wide awake for an hour or two, and then falls into a troubled slumber, finally awakening unrefreshed.

(d)—**On the mouth and tongue. Spencer.** Among the habitual smokers there is a susceptibility to oral lesions, tending to become carcinomatous. Excoriations, chronic indurations, (e. g. leukoplakia) warty growths, occur on the surface of tongue or cheek. Lesions arising from other causes are irritated by tobacco. Benign processes will be cured by withdrawal of tobacco; cauterization should never be practised, as it increases the liability to cancer.

(e)—**On the upper air passages. Lack.** The effects ascribed to tobacco are doubtless much exaggerated. Mild hyperemias and catarrhs may be induced by heavy smoking, and pre-existing lesions are aggravated. Cigarettes cause the most trouble, and of these, Egyptian are the worst. Cigars are the least baneful.

(f)—**On the eyes. Lyle.** Tobacco may cause either a catarrhal conjunctivitis or an amblyopia, acute or chronic. The chronic is far more common, and is induced chiefly by excessive smoking, but alcoholism predisposes. There is progressive loss of vision and haziness, associated with anorexia, insomnia, and frontal headache. Prognosis is better in young subjects than in old; even the

curable cases require several months of treatment. Tobacco must be absolutely denied and alcohol reduced.

Medical Education in the United States.

The annual Educational number of the Journal A. M. A., August 19, gives details about the location, course, faculty, equipment, students, etc., of every medical college in the country. During the year ended June 30, 1905, 26,147 persons (including 1,073 women) studied medicine at 157 colleges in 36 states and territories, and 5,606 of these graduated. The students numbered 1,995 less than the number in 1904; graduates, 141 less. The attendance at regular schools, 24,119, was an increase of 457 over 1904, but a decrease of 801 below 1903 and 759 below 1902. Attendance at homeopathic schools has been decreasing steadily since 1900, when it was 1909, this year it was 1,104. At eclectic schools attendance increased yearly from 1900, when it was 552, to 1904, when it was 1,014, but this year it dropped to 578—a falling off of nearly one-half. All graduates number 141 less than last year, 92 less than 1903. Homeopathic graduates in 1903 were 420; 1904, 371; 1905, 1276; but eclectic graduates (153) numbered more in 1905 than in any year since 1900. Three of the 157 colleges are exclusively for women, 63 for men, and 91 coeducational. In 1904 56.8 per cent. of the colleges had terms of less than eight months, now only 39 per cent. are in this class. Six months schools have decreased from 27 (16.3 per cent.) to 15 (9.4 per cent.). Nine months schools were 19 (11.6 per cent.) in 1904, now they are 38 (24 per cent.). Many other interesting facts may be derived from this painstaking collaboration of facts, and from the critical editoral survey. The Journal says that the standards of preparation of study and of graduation have been raised considerably, showing that there is a disposition on the part of all concerned to elevate the standard of the profession by bringing into it men and women who are better prepared to practice medicine, and who will be a credit to the profession in every way. There has been a distinct gain in the entrance requirements during the past two or three years. This change for the better is due, in part, to a few individual colleges, but largely it is the result of concerted action on the part of several organizations which have it in their power to promulgate and to enforce rules and regulations for the government of colleges. The state examining boards, in particular, have exercised a most wholesome influence by raising the requirements and by taking an active part in the regulation of preliminary or preparatory education. It is evident that the length of the term does not sway the student in his selection of a college, because over 61 per cent. of students attended long-term colleges. Students are more and more taking into consideration the standing of the college and what it has to offer. Fees, entrance requirements and length of term are secondary considerations with the better class of students.

X-ray in the Diagnosis of Pneumonia.

The Archives of Physiological Therapy for September abstracts from the Fortschritte auf dem Gebiete der Roentgenstrahlen, April 30, an article by Dr. de la Camp on "What does Radiological Investigation teach us concerning Croupous Pneumonia?" as follows:

Camp reports 12 cases. He finds that the shadow in lobar pneumonia is not a uniform one, but varies in density. He has demonstrated remaining shadows long after the physical signs and the general symptoms had disappeared. In one case the patient complained of pain in the region of the heart upon deep inspiration. Four months after the crisis he finds a fibrous band or adhesion between the left side of the diaphragm and the pericardial sac.

In general the X-ray will show any lesion that can be demonstrated by percussion and in cases of central pneumonia it shows definitely lesions that cannot be demonstrated by physical signs.

Final Results in the X-Ray Treatment of Cancer and Sarcoma.

Wm. B. Coley (Annals of Surgery, August, 1905), reports 167 cases of malignant tumors treated with the X-Rays. In 68 cases of sarcoma but two cases remain well to date. In 36 cases of cancer of the breast no permanent results appear to justify reliance upon the X-Ray as a prophylactic against recurrence. Of 44 cases of epithelioma of head, face and neck in but four did the disease disappear.

I. The X-ray exerts a powerful influence upon cancer cells of all varieties, most marked in cases of cutaneous cancer.

II. In some cases, chiefly in superficial epithelioma, the entire tumor may disappear, probably by reason of fatty degeneration of the tumor cells with subsequent absorption.

III. In a much smaller number of cases of deep-seated tumors, chiefly cancer of the breast and glandular sarcoma, tumors have disappeared under prolonged X-ray treatment. In nearly every one of these cases, however, that has been carefully traced to final result, there has been a local or general return of the disease, within a few months to two years.

IV. In view of this practically constant tendency to early recurrences, and in the absence of any cases reported well beyond three years the method should never be used, except in inoperable cases, or as a prophylactic after operation, as a possible, though not yet proven, means of avoiding recurrence.

V. The use of the X-ray as a pre-operative measure in other than cutaneous cancer is contraindicated, (1) because the agent has not yet been proven curative, (2) because of serious risk of extension to inaccessible glands or other regions by metastases during the period required for a trial of the X-ray.

NEW INSTRUMENTS AND DEVICES

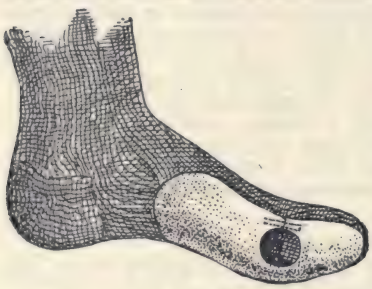
Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompany the letter with which they are sent.

To Our Readers—The Detroit Medical Journal publishes descriptions of such aids to the profession as it knows to be reliable and trustworthy. We shall be pleased to furnish information as to the articles mentioned, or the articles themselves, upon receipt of an inquiry.



Bunion Shield.

This simple but effective device for relieving the pressure from a bunion is to be recommended as convenient, safe, and effectual. It is entirely in the line of rational therapeutics for this extremely painful affection. Price, 50 cents.

Colonic Dilator.

This instrument is recommended in diagnosis and treatment of stricture or ulceration of the lower bowel and in chronic constipation due to colonic atony.

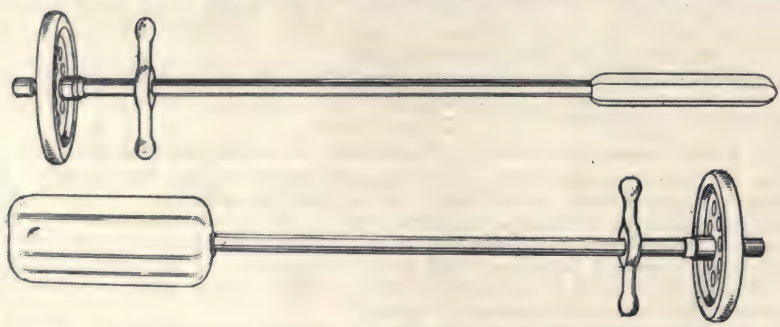
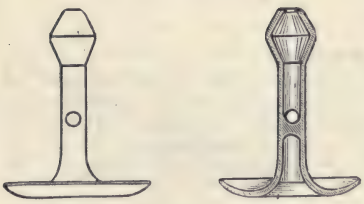


Fig. 1 shows the instrument closed, Fig. 2 shows it open and covered with a condom. It is opened by turning the small wheel.

Rectal Applicator.

The idea of this instrument is well shown by the cut. The top unscrews and substances for local application to the mucous membrane of the rectum can be placed there, coming out the small holes shown below. The Applicator is made of pure copper and silver. It is said to be useful in practically all the local diseases of the anus and rectum. The instrument effectually separates the walls of the rectum and is self-retaining. Price, $5.00.

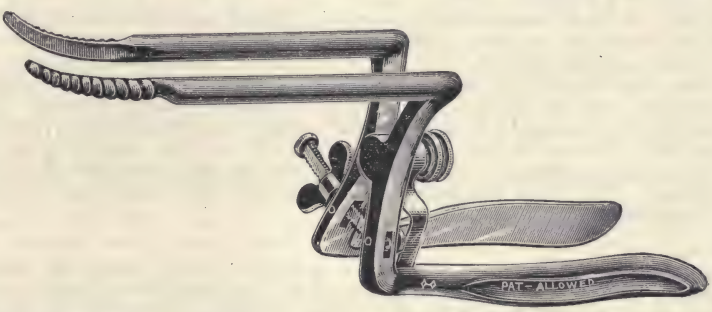
Intra-Uterine Applicator.



This instrument is essentially the same in plan as the preceding one, modified in size and shape to enter the cervical canal. It answers the purposes of a stem pessary and an applicator. The indications for its use are, of course, apparent. Price, $5.00

Richter's Parallel Uterine Dilator.

This very simple instrument is also very powerful and possesses the advantage that the operator feels the exact amount of pressure put upon the parts. If used



with Collins', Goodell's, DeVilbiss' or other specula having one side open, it holds distended the lateral walls, while the speculum does the same with the upper and lower walls of the vagina. It has no clamping joints passing into the vagina and the handle is out of the way, allowing free access to uterus for currettage or other purposes. Price, $5.00.

BOOK REVIEWS

Hand-Book of Anatomy. By J. K. Young, M. D. Pub. by F. A. Davis & Co., Philadelphia. Second edition. p. 402.

The book aims at no originality of matter or form, but merely at conciseness and convenience. As such it is commendable, but it can not supplant standard anatomies in any man's library, nor is it valuable as a supplementary volume. Its chief usefulness must then be to early students who cannot afford a larger treatise. In the main it possesses accuracy and clearness; the table of ossification needs modification in the light of recent knowledge from skiagraphy. Many of the illustrations are small and poorly executed, though taken from standard works.

A Text-Book of Clinical Diagnosis. New edition, revised and enlarged. By L. Napoleon, Boston, A. M., M. D., Associate in Medicine and Director of the Clinical Laboratories at the Medico-Chirurgical College, Philadelphia. Octavo of 563 pp. with 330 illustrations, including 34 plates. W. B. Saunders & Co. Cloth, $4.00 net; Sheep or half-morocco, $5.00 net.

The student will find in this volume a complete and clear exposition of all methods pertinent to his studies; the practising physician will find well-weighed judgments concerning tests that he has need to employ; the skilled laboratory worker will find assistance in any subject that may require elucidation. Dr. Boston has attained a happy adjustment of quantity, quality, and form, that is sure to bring favor to his book.

Saunders' Medical Hand-Atlases.

Atlas and Epitome of Diseases of the Skin. By Professor Dr. Franz Mracek, of Vienna. Edited, with additions, by Henry W. Stelwagon, M. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Second edition, revised, enlarged, and entirely reset. With 77 colored lithographic plates, 50 half-tone illustrations, and 272 pages of text. Philadelphia and London: W. B. Saunders & Co., 1905. Cloth $4 net.

In its value to student or practitioner this atlas is second only to attendance upon an actual clinic. The colored plates are finely executed and the text is admirably concise. The editor interpolates many remarks that are helpful to American readers. Case histories accompany the illustrations, so that they are rendered doubly vivid.

Superstition in Medicine. By Prof. Dr. Hugo Magnus. Edited by Dr. Julius L. Salinger, Philadelphia. Illustrated. 200 pages, 7x5. Funk & Wagnalls Co., New York and London. 1905.

This little work is essentially philosophic. Filled as it is with chronologically arranged references to medical superstitions, it is still much more than a collection of grotesque ideas and customs. The origins of the healing art and its connection with the mythology of the ancients is considered, and the support of medical superstition by oracles and priests is followed down through the ages. The approach of the subject in this manner makes the present-day religio-medical cults stand out clearly as the logical descendants of the superstitious medical rites of the Hellenic oracles. The volume is erudite and illuminating, interesting and suggestive. The editor has added an appropriate chapter on Medical Superstition and Insanity.

The Diagnostics of Internal Medicine. A clinical treatise upon the recognized principles of medical diagnosis prepared for the use of students and practitioners of medicine. By Glenworth Reeve Butler, S. C. D., M. D., New York. Containing five plates and 288 illustrations in the text. 1167 pages, 9x6. Second revised edition, 1905. New York: D. Appleton & Co.

After a number of reprintings a second revised edition of this most popular book is offered by the publishers. The new edition has been markedly enlarged and a considerable number of alterations and additions made. There are two entirely new chapters: one on the Diseases of the Mind, by Dr. William A. White, superintendent of the Government Hospital for the Insane, Washington; and one

on Medical X-Ray Diagnosis, by Dr. Paul M. Pilcher, New York. The latter chapter also contains a number of new and excellent illustrations.

The field of diagnosis is well covered by American books, many of them satisfactory; but the reviewer has found that in the daily use of reference books, from a shelf containing a half-dozen volumes on the subject, he most often selects this volume for reference. Its arrangement is so convenient, its statements so clear and direct that one seldom fails to be satisfied with its use.

Pathology and Morbid Anatomy, by T. Henry Green, M. D., F. R. C. P. Tenth American edition, revised and enlarged by W. Cecil Bosanquet, M. A., M. D., Oxon., F. R. C. P. London. 610 pp. Lea Bros., publishers.

A book that is in its tenth edition is almost of necessity a staple article. This Pathology justifies its existence by exceptional readability, good arrangement, conciseness, and accuracy. It is thoroughly up to date, with chapters on recent theories of toxines and immunity, nerve pathology, and intestinal diseases. Illustrations are frequent, but it is to be regretted that they are of such poor quality. In every other respect the volume merits high commendation, and must prove valuable to both student and physician.

Hall's Physiology. A Text-Book of Physiology, Normal and Pathological. By Winfield S. Hall, Ph. D., M. D., (Leipsig), Professor of Physiology, Northwestern University Medical School, Chicago. New (2d) edition, revised and enlarged. 795 pages, with 339 engravings and three colored plates. Cloth, $4.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

To an already valuable Tex-tBook of Physiology the author has added in this second edition a number of good features. The most notable additions are the subchapters on pathologic physiology which to the practitioner should be most helpful.

In his introduction he defies the scope of physiology, points out its relationship to the other natural sciences and gives a short sketch of its history. After a short discussion of general physiology he passes to the physiology of nutrition, which includes circulation, respiration, metabolism and excretion. These chapters necessarily consume a large part of the book, and although each is short, they are unusually clear and comprehensive. After this the moto-sensory activities are taken up and lastly a short chapter on reproduction.

One is impressed with the excellent arrangement of the subjects and the clearness with which they are presented. The book is well gotten out. It is satisfactorily, although not profusely illustrated, and the type is large and clear. The work should be of value both to the student and to the practitioner who desires a work on physiology for quick reference.

Manual of the Diseases of the Eye. Charles H. May, M. D., New York. Fourth Edition Revised, with 360 original illustrations, including 21 plates and 60 water colors. William Wood & Co., New York.

This is the latest and most improved edition of May's well known work.

The preceding editions are so well known and favorably thought of by students and practitioners that the work needs but little introduction.

The present edition is greatly improved, especially in the matter of illustrations with which it is generously supplied. Many of the illustrations are elaborately worked out in colors.

The book is up to date and deals concisely and intelligently with all the subjects in Ophthalmology most likely to interest the student and general practitioner.

The subjects taken up in the 26 chapters comprising the index of the book are so arranged as to follow one another in a logical sequence, pleasing to the mind fond of things properly placed.

The book is attractively bound, legibly printed and altogether can with all candor be recommended to the student and general practitioner as being something well worth the money and the time expended in its purchase and perusal.

The Principles and Practice of Medicine. Designed for the use of practitioners and students of medicine. By Wm. Osler, M. D. Sixth edition thoroughly revised from new plates. 1143 pages, 6x9¼. D. Appleton & Co., New York. 1905.

The new edition of Osler's work is a very important one. The author's state-

ment in the preface that "so many sections have been rewritten, and so many alterations made, that in many respects this is a new book," is borne out by inspection of its pages. The well-known order has been changed, the first chapter now dealing with "Diseases due to Animal Parasites," while other changes follow. Forty-two "specific infectious diseases" are described.

A larger type-page and a smaller print have given opportunity for a considerable increase in the reading matter which is noted in nearly every chapter. With this in mind it seems unnecessary to say that the volume is thoroughly up-to-date. No recent scientific work of importance seems to have been omitted,—at any rate all the topics taken at random which the reviewer has looked up showed this to be true. Many friendly critics of former editions will learn with satisfaction, also, that a not inconsiderable portion of the increase in the volume has been given to an elaboration of the subject of treatment.

The high character of this work is too well-known to need praise at our hands. In wealth of fact, accuracy, incisiveness and inclusiveness, Osler's practice has never had an equal in English. The new volume is the first adequate revision the work has had.

RECEIVED:

(Grateful acknowledgement of the receipt of the following is hereby made. Further notice in our review column may be given).

The Immunity Unit for Standardizing Diphtheria Antitoxin. By M. J. Rosenau, Director Hygienic Laboratory, P. H. and M. H. S., U. S., Washington, Hygienic Laboratory Bulletin No. 21.

Is Keratitis Ever Caused by Rheumatism? Dionin (Ethyl-morphine hydrochlorate), in Ocular Therapeutics. By Leartus Connor, M. D., Detroit. Reprints.

Experimental Studies in Yellow-Fever and Malaria at Vera Cruz, Mexico. Report of Working-Party No. 2, Yellow Fever Institutes. Bulletin No. 14. U. S. P. H. and M. H. Service. Government Printing Office, Washington, D. C.

State Board Journal of America. Vol. 1. No. 1. New magazine for health officials. $1.00 per year. 921 Colorado Bldg., Washington, D. C.

The Submucous Window Resection of the Nasal Septum. By Prof. Gustav Killian, Freiburg, Germany. Translated by E. Edwin Foster, M. D., New Bedford, Mass. Reprint.

Manual of Antenatal Pathology and Hygiene. By J. W. Ballantyne, M. D., F. R. C. P. E., F. R. S., Edin., Lecturer in the University of Edinburg. Vol. I. The Foetus. 1902. Vol. II. The Embryo. 1904. Wm. Green & Sons, Edinburg.

Anomalies of the Temporal Bone. By Emil Amberg, M. D., Detroit. Reprint.

Practice of Medicine. Edited by Alexander G. Bain, M. D., London. Longmans, Green & Co., London and New York.

Practice of Medicine. By H. S. Anders, M. D., Philadelphia. New revised edition. W. B. Saunders & Co., Philadelphia and London.

The National Standard Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. In accordance with the United States Pharmacopoeia, eighth decennial revision of 1905 by authorization of the Convention. By Hobart Amory Hare, B. Sc., M. D., Professor of Therapeutics in the Jefferson Medical College, Philadelphia, Member of the Committee of Revision of the U. S. P.; Charles Caspari, Jr., Ph.G., Phar. D., Professor of Pharmacy in the Maryland College of Pharmacy, Baltimore, Member of the Committee of Revision of the U. S. P.; and Henry H. Rusby, M. D., Professor of Botany and Materia Medica in the College of Pharmacy of the City of New York, Member of the Committee of revision of the U. S. P. Imperial octavo, 1858 pages, 478 engravings. Cloth, $7.25, net; leather, $8.00, net. Thumb-Index, 50 cents extra. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Professor G. H. Darwin's striking inaugural address at the meeting of the British Association for the Advancement of Science, on "Evolutionary Speculation," was given in two parts, the first at Capetown, and the second at Johannesburg. It has attracted much attention in scientific circles. The first part is given entire in The Living Age for September 23rd and the second is promised for the number for October 14th.

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Arrests infection—sterilizes the urine—and exerts an anticatarrhal effect upon the inflamed mucous membrane of the urinary tract.

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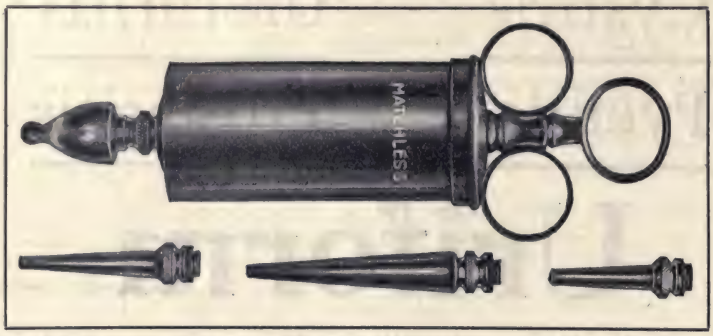

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A Good Splint.

The Annals of Surgery, Philadelphia, Pa., says: "A splint, which is a good splint, and also permits the patient to walk, should fill one of those long-felt wants we hear about so often, but which are rarely filled. The devise advertised by the Ambulatory Pneumatic Splint Mfg. Co., 163 Randolph-st., Chicago, is certainly ingenious; from reports of physicians having it in use, it would seem destined to universal sale. It apparently can be used repeatedly, being thoroughly adjustable, all fabric parts easily removed for washing and metal parts readily accessible. Its scope of usefulness seems to be extensive." Extension, counter-extension and immobilization are easily applied and maintained, whether patient is in bed or walking with this modern splint. Co-aptation splint, adhesive strap traction or any form of dressing indicated may be used with it. Its use assures free circulation, inspection, ventilation, bathing, dressings, massage, etc, besides gradual daily extension until subsidence of inflammatory exudate is complete and satisfactory continuity and good bone union has been secured, without shortening or deformity. A postal card with your address will bring you literature, prices, rental terms and discounts to patients and physicians. Send now.

Hip Fracture.

With pleasure I desire to report to you the marked success in the use of the Ambulatory Pneumatic Splint for the treatment of several recent cases of fracture of the neck of the femur. In my experience, I have found no device for the treatment of fractures of the long bones, which secures such good results, at the same time, giving comparative comfort to the patient. I would call your attention to one case in particular, that of my mother-in-law, aged 84, who suffered a non-impacted fracture of the neck of the femur. With the application of the apparatus, she became very free from pain and finally made admirable recovery, having secured bony union with good use of the limb. I am warranted in saying that without the use of the splint and the attendant treatment, that it permitted, the conditions were such that the result would doubtless otherwise have been fatal. This device is decidedly a valuable addition to the modern treatment of fractures and I gladly recommend its use.—W. W. WENTWORTH, M. D., Chicago.

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if you treat SKIN DISEASES you will want to avoid the use of Soaps, Salves, Tar and other disagreeable preparations giving preference to
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In the treatment of alcoholism and dipsomania, the physician is called to the case at the stage of exhaustion or prostration and a general derangement of nearly every function. Neurosis, cerebral congestion, cardiac acceleration, gastric and mesentric disturbances, nausea, retching, intolerance of food, intense irritation, insomnia and an endless variety of morbid sequelae, require prompt attention.

It will be found that antikamnia in combination with codeia will give a most prompt and satisfactory response in relieving all the array of symptoms so distressing and usually so obstinate as to defy all ordinary therapeutical interference. The best method is to administer one Antikamnia & Codeine Tablet (antikamnia gr. 4¾, codeine gr. ¼) every fifteen minutes to a half hour, until three are taken, then widen the interval to one and a half to two hours, according to the urgency of the symptoms. Under this treatment the cirulation will modify, the cardiac pains subside, the tremor, anxiety and morbid vigilance will give way to rest, quiet, calm and peaceful sleep. The nausea and vomiting, together with the irritable coughs which so frequently characterize these cases, will all disappear.

The superior results obtained with "Antikamnia & Coedine Tablets" are due, in a great measure, to the fact that the manufacturers refine and purify all of the codeia, which enters into these tablets, and this prevents the constipation, depression and habit which frequently follow the administration of preparations containing ordinary commercial codeia.

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Where the suppression is the result of sudden mental or physical shock, exposure to excessive cold or dampness, change of climate, etc., the function can be restored with absolute certainty and celerity by the administraction of a few capsules of Ergoapiol (Smith).

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Whether neuralgic, embranous, congestive, inflammatory, obstructive or ovarian in character, responds readily to the pain-relieving and flow-augmenting influences of this product. Erpoapiol (Smith) causes the menstrual flow to occur without discomfort and brings the volume and duration to normal limits.

Modern Therapeutics and Pharmacy.

By FREDERICK HADRA, M. D.,
San Antonio, Texas.

In speaking of ethical proprietaries, he says: "I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So, if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic and troublesome flax-seed poultice and the newer proprietary article called Antiphlogistine, a physician must needs be prejudiced, indeed, who will prefer the former. . . . It may be a matter of theoretical indifference what preparation we prescribe, but it may be quite a different matter with the patient who has to use it for long periods."

"Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a co-ordinate branch which is continually striving to assist us in improving our therapeutic weapons? If we would take advantage of the opportunity offered to make intelligent selection of such preparations of drugs of reliable concerns as appeal to reason and common sense, those of us who do so will certainly have an advantage over those who do not."

As regards the refilling by the druggists of prescriptions of proprietary remedies, he says: "If I am called to treat a sprain of the ankle, and find it necessary to order an Antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flaxseed meal or iodine, as it would be for him to order more cans of the more cleanly proprietary preparation, Antiphlogistine. A tonic or cough medicine, quinine mixture or capsule would share the same fate whether proprietary or extemporaneous."

"If the intelligent use of the drugs mentioned is not injurious per se, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, mag. sulph., quinine, flax-seed meal, paregoric, lauanum or carbolic acid because the laity can also go to the drug store and purchase these just as they can Cascara preparations, Phenacetin, Listerine, Antiphlogistine, etc.?"

*Extracts from an article in the Texas Medical Journal for March, 1905.

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What are you going to do about it?

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The substitutor—

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What are you going to do about it?

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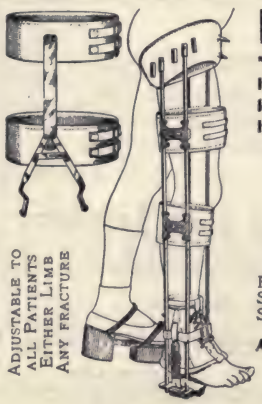

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As this saving in cost is made possible by elimination of the loss due to exchanges, it of course does not affect the quality of our serums in any way. They are prepared by scientific experts in our splendidly equipped biologic laboratories operated under inspection of the U. S. Government, and conform to the highest standards of purity, potency and efficiency.

We believe that this marked reduction in the price of a necessary but expensive remedial agent will be appreciated by the profession. If this appreciation is shown in the same way as was that incident to our introduction of the syringe serum-container—namely, by an expressed preference for the Stearns product when prescribing or buying antitoxin—we shall be content.

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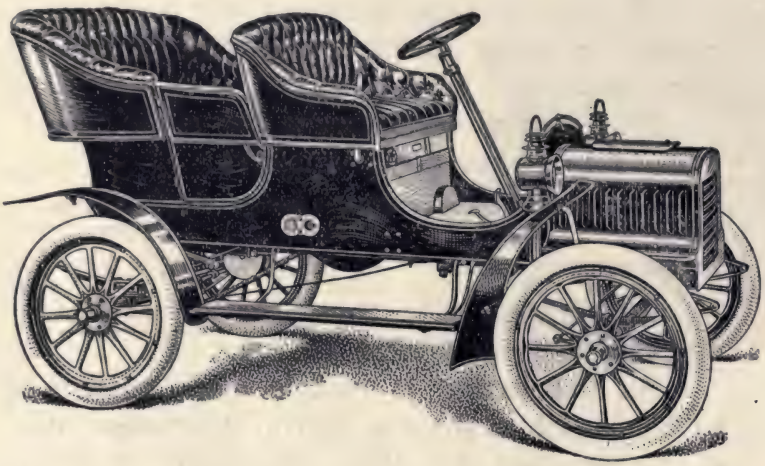

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Yours very truly,

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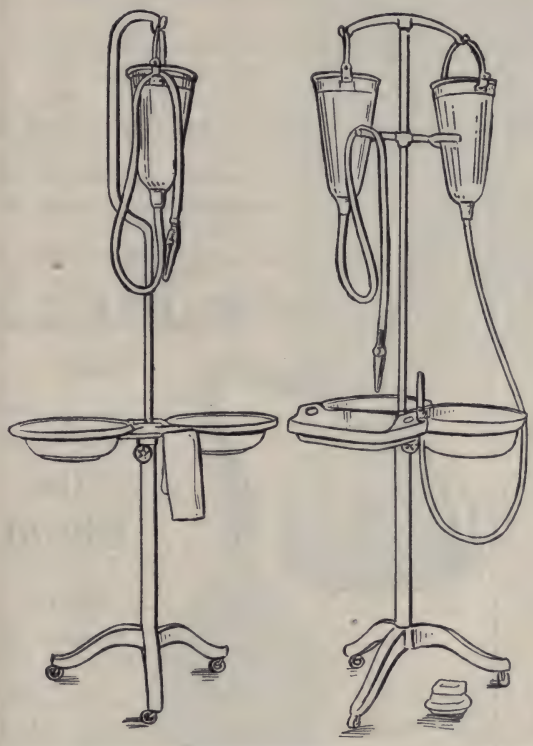

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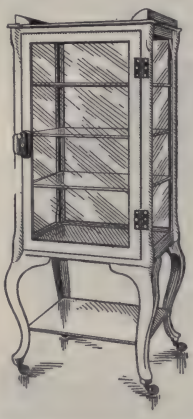

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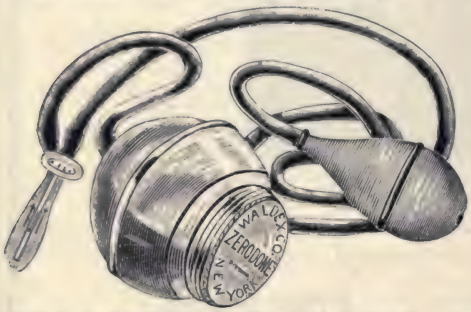

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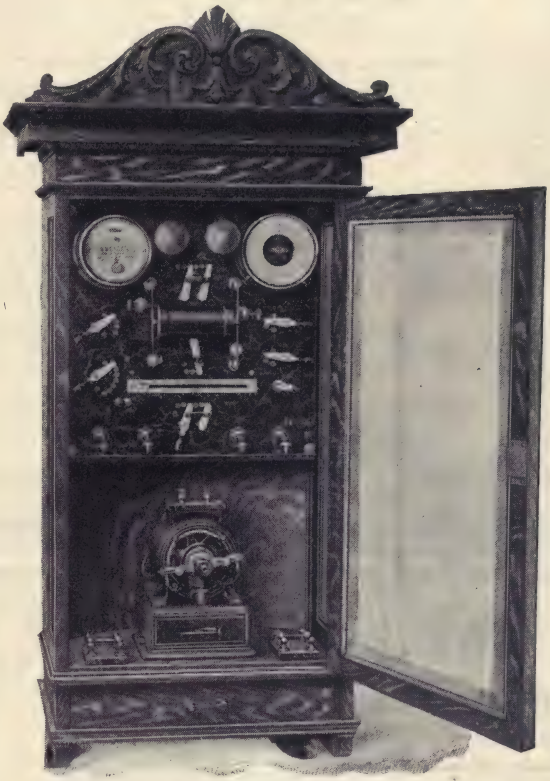

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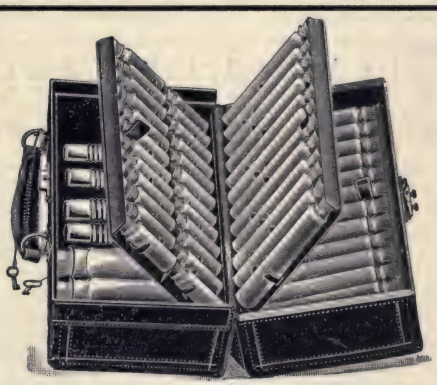

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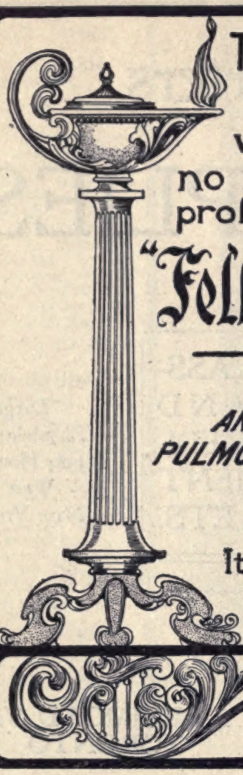

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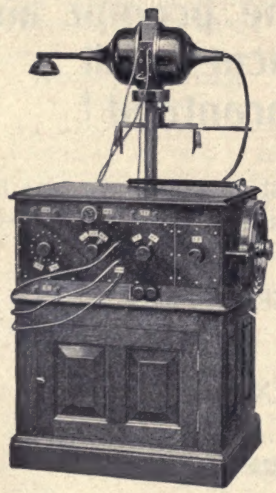

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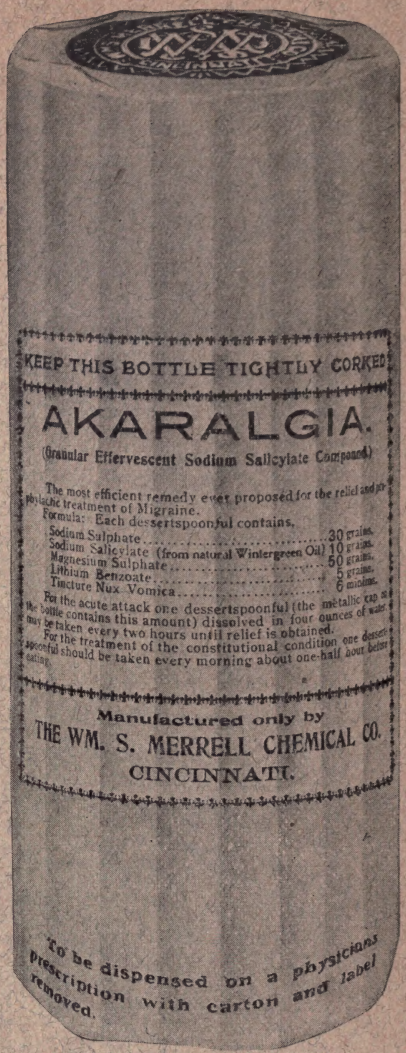
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